

ONTARIO COMMUNITY CENTER



MEMBERSHIP APPLICATION

OFFICE USE ONLY

Receipt # _____
Amount \$ _____
Received By _____
Date _____
Primary Member #: _____

Member information (Please print)

Primary Member Name _____ Gender M F
Date of Birth ___/___/___ Street Address _____ PO Box _____
Town _____ Zip _____ Day Phone _____
Evening Phone _____ E-Mail Address _____

Membership Category (Please circle)

Student Senior (55+) Individual Senior Couple Family Single Parent Family

Length of Membership Quarterly Annual

Additional Family Members

Must reside at the same address to be covered under family rate

Name	Relationship	(M/F)	Age	Date of Birth	Membership #
1. _____	_____	M/F	_____	___/___/___	_____
2. _____	_____	M/F	_____	___/___/___	_____
3. _____	_____	M/F	_____	___/___/___	_____
4. _____	_____	M/F	_____	___/___/___	_____
5. _____	_____	M/F	_____	___/___/___	_____

Emergency Contact Information

Name: _____ Relationship: _____
Home Phone: _____ Work Phone: _____
Cell: _____

Are there any physical or health conditions that would limit or prevent the participation of any members listed above in a fitness program in the fitness center? Yes No

If yes, please list restriction(s)/conditions(s): _____

I have read and understand the rules and acknowledge the inherent risks involved with using the Fitness Center. I certify that I/my child am in good physical health and have no limitations, other than those I have listed, which may predispose me or my family members to risk during use of the fitness center. I hereby release the Town of Ontario Parks & Recreation Department, the Fitness Center Partnership staff and the Wayne Central School District from any responsibility or liability in connection with my or my child's participation in any activity at the Fitness Center.

SIGNATURE: _____ DATE: _____
Parent or guardian if under 18

Membership Begins ___/___/___
Membership Expires ___/___/___
Scheduled Training Session
Date _____ Time _____