

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 _____

Additional Immediate 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	_____	___/___/___	_____

Emergency Contact Information

Name: _____ Relationship: _____

Phone: _____

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): _____

Membership Category (Please circle) **Membership Start Date** ___/___/___

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

SilverSneakers Silver & Fit Optum Prime

Billing Cycle Annual Quarterly Monthly

Payment Options:

_____ Annual membership paid in full - (Annual renewal to be billed by mail)

_____ Automatic withdrawal - Automatic charges will continue until written request of cancellation is received.
Supplement AutoPay Form required

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 and the Fitness Center Partnership staff 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

Orientation Date _____ Time _____ Waived (member initials) _____