



# Fitness Center Membership Application

Name \_\_\_\_\_ Phone \_\_\_\_\_

New Membership

Renewal

New Memberships and Renewals with change of information, please complete the following information:

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_ Age\* \_\_\_\_\_ Birthdate \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

\* Applicants under the age of 18 must have parent signatures before applying for membership.

**Proof of residency required.**

Please note that not all Roselle addresses are "in-district." If your address is not "in-district" you will be charged the non-resident rate.

**PLEASE READ THE FOLLOWING QUESTIONS BELOW.**

**IF YOU CAN ANSWER YES TO ANY OF THE FOLLOWING QUESTIONS YOU SHOULD CONSULT WITH YOUR PHYSICIAN PRIOR TO EXERCISING.**

Do you have, or have you ever had, any of the following?

Do you take medications for the following?

Heart Attack

Heart Disease

High Cholesterol

Stroke

Abnormal EKG

High Blood Pressure

Pulmonary Disease

Diabetes or other Metabolic Disease

Heart Irregularities

**IMPORTANT INFORMATION**

Please recognize that individuals with coronary risk factors or other medically significant risk factors, run a greater chance of cardiovascular incident or increased risk of injury during physical activity. Although you are solely responsible for determining if you are physically fit for any and all fitness activities, it is always advisable, especially if you are pregnant, suffer from an underlying medical condition, take medication, smoke cigarettes, have a family history of coronary disease, or have recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

I hereby apply for membership to the Roselle Park District Fitness Center, and agree to abide by the policies, rules and regulations as stipulated by supervisory staff and the Park District Board. By purchasing a Fitness Membership, I realize the inherent risks involved in the programs and appreciate the nature of the risks. The applicant(s) hold harmless the Roselle Park District for any damages caused by participation in this program. Individuals registered for a fitness membership are encouraged to seek a physician's approval. I also understand that my membership is **non-refundable** and **non-transferable** except in the event of a medical disability. **I have read and received a copy of the facility rules.** I realize and accept that this pass is issued at the discretion of the Roselle Park District and may be recalled or revoked in their discretion at any time.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date

For Office Use Only:

Date Application Received \_\_\_\_\_

Amount Paid \_\_\_\_\_ Receipt # \_\_\_\_\_ Received By \_\_\_\_\_

Verified Proof of Residency

Patron signed waiver

Membership Barcode # \_\_\_\_\_ Expiration Date \_\_\_\_\_ Photo taken? Yes No