

Twin Lakes Family Wellness Center
Application for Membership

Join Date: ____/____/2016

☐ **Silver sneakers**

- ☐ **Adult 18-61 \$30** ☐ **Adult Couple \$38**
☐ **Family (2 adults, 3 children, >18) \$48** ☐ **Adult + Dep. \$37**
☐ **Senior Adult 62+ \$27** ☐ **Senior Adult + Dep. \$35**
☐ **Senior Couple \$36** ☐ **Senior Couple + Dep. \$42** ☐ **Plus add on(s) mthly payment \$5**

| Office Use Only | |
|---|----------------|
| Monthly Rate | \$ _____ |
| Paid Month Dep | \$ _____ |
| Swipe Card | \$ _____ |
| Ck# _____ | Total \$ _____ |
| CC _____ | |
| Start Mthly Draft _____ 1st or 15 th | |

First Name _____ MI _____ Last _____ ☐ M ☐ F DOB____/____/____

(m2) First Name _____ MI _____ Last _____ ☐ M ☐ F DOB____/____/____

Address _____

City _____ State _____ Zip Code _____ - _____

Home Phone (____) _____ Cell Phone (____) _____

E-mail Address _____

Your Occupation _____ Employer _____

Spouse Occupation _____ Employer _____

Emergency Contact #1 _____ Phone _____ Relationship _____

Family/Dependent Membership Information (List Last Name if Different)

| # | Children's First, MI, Last Name | M/F | Birth Date | Relationship | School | Grade |
|----|---------------------------------|-----|------------|--------------|--------|-------|
| 01 | | | / / | | | |
| 02 | | | / / | | | |
| 03 | | | / / | | | |
| 04 | | | / / | | | |
| 05 | | | / / | | | |
| 06 | | | / / | | | |

At the heart of the TLFWC lies the power to transform—both yourself and the world around you. Our Mission is to provide excellent programs and services to help support all members of our community no matter your age or ability.

Recommendations:

- Please see a health professional before starting any weight loss or fitness program.
- If there is a complaint or issue please contact our Director as soon as possible.
- It is incumbent upon you to act appropriately at all times while working out, attending a class at TLFWC facilities and programs. All members and staff are expected to behave in a mature and responsible manner in keeping with all applicable laws, regulations, policies and procedures of TLFWC.

In consideration of gaining membership or being allowed to participate in the activities and programs of the Twin Lakes Family Wellness Center (Center) and to use its facilities, equipment, and machinery in addition to the payment of any fee or charge, I do hereby waive, release, and forever discharge the Center and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above mentioned facilities or arising out of my participation in any activities at said facility. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any those mentioned or others, acting on their behalf or in any way arising out of or connected with my participation in any activities of the Center or the use of any equipment at the Center. I agree to adhere to all policies set by the Center as written in the Center Membership Policies.

Signature _____ Date _____

Parent/Guardian Signature _____ Date _____