

HTRS FITNESS CENTER

MEMBERSHIP APPLICATION

Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Numbers: Home: _____ (for primary contact)
Cell: _____
Work: _____
Email: _____

Spouse's Name and cell phone: _____

Other immediate family members that may be using facility (determined by those you claim when you file taxes):

All items below must be checked by applicant and approved by district staff (AD, principal or superintendent).

- Yes, all members of my family have watched the instructional video or received personalized instruction from Kara Engles or Quentin Coatney.
- Yes, I have signed all necessary waivers.
- I understand that an adult is considered someone that is age 19 and above. Supervision must be provided for all individuals under age 19. Individuals using any part of equipment of the Fitness Center assume all risk of injury. HTRS School is not responsible for any injuries during the use of the Fitness Center.
- Yes, membership fees have been received and keyless entry device has been given.
- Yes, I understand the Fitness Center membership may be revoked, with no refund at any given time for misuse or abuse of equipment or facilities.

Signature of Applicant

Date

Membership Type: _____ Single at \$50 per year
_____ Family at \$100 per year (for immediate family members only)
_____ Staff
_____ Replacement cards \$5 each

Signature of District Official

Date