

MABEE CENTER HEALTH CLUB APPLICATION

NEW _____ RENEWAL _____

1. NAME _____
Last First M.I.

2. ADDRESS _____
Street
City State Zip

3. TELEPHONE _____
Home Business

4. TYPE OF MEMBERSHIP YOU DESIRE:
Single _____ Family _____ Freewheeler (over 60) _____ Summer _____

5. If applying for family membership, list ALL immediate family members and their birth dates below. List name as you wish it to appear on the card. NOTE: Children under 19 years of age living at home are eligible to participate in a family membership.

NAME: _____ BIRTHDATE: _____
NAME: _____ BIRTHDATE: _____
NAME: _____ BIRTHDATE: _____
NAME: _____ BIRTHDATE: _____
NAME: _____ BIRTHDATE: _____

6. In case of emergency, give name and phone of one to notify (other than your own name.)
Mr./Mrs. _____ Telephone _____

7. Indicate mode of payment: Check _____ Cash _____

_____ **Master Card #** _____ **Visa #** _____ **Discover Card #** _____
(Expiration Date)

8. Please list any health problems you have.

9. Please give your physician's name and phone number if you have a preference.
Dr. _____ Telephone _____

10. I have read the general policies of the Mabee Center for Physical Education and agree to abide by them. I release William Jewell from all liability and agree to pay for damages that are caused by me or my family while a participant in the Health Club.

11. I acknowledge all exercises and uses of all facilities shall be undertaken at my or my family's own risk and that I and my family are physically able to perform activities selected.

Signature Date