



Membership Application

For Office Use ONLY:

Start Date: ____/____/____

Expiration Date: ____/____/____

Processed by: _____

PRIMARY MEMBER'S INFORMATION:

Last Name: _____ First Name: _____

Address: _____

City: _____ States: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Birth Date: ____/____/____ Age: _____ Gender (Please Circle One): Male Female

Emergency Contact Name: _____

Emergency Contact Phone: _____

ADDITIONAL MEMBER'S INFORMATION:

1. Last Name: _____ First Name: _____ Birth Date: ____/____/____

2. Last Name: _____ First Name: _____ Birth Date: ____/____/____

3. Last Name: _____ First Name: _____ Birth Date: ____/____/____

4. Last Name: _____ First Name: _____ Birth Date: ____/____/____

Annual Membership	Resident Annual EFT	Non-Resident Annual EFT	Resident Annual Paid in Full	Non-Resident Annual Paid in Full
Adult (18+)	<input type="checkbox"/> \$20/month	<input type="checkbox"/> \$26/month	<input type="checkbox"/> \$240	<input type="checkbox"/> \$312
Couple	<input type="checkbox"/> \$31/month	<input type="checkbox"/> \$40/month	<input type="checkbox"/> \$372	<input type="checkbox"/> \$480
Family	<input type="checkbox"/> \$40/month	<input type="checkbox"/> \$50/month	<input type="checkbox"/> \$480	<input type="checkbox"/> \$600
Youth (17 & Under)	<input type="checkbox"/> \$12/month	<input type="checkbox"/> \$15/month	<input type="checkbox"/> \$144	<input type="checkbox"/> \$180
Senior (60+)	<input type="checkbox"/> \$12/month	<input type="checkbox"/> \$15/month	<input type="checkbox"/> \$144	<input type="checkbox"/> \$180
Track ONLY	--	--	<input type="checkbox"/> \$50	<input type="checkbox"/> \$75
Unlimited Group Fitness	<input type="checkbox"/> \$12/month	<input type="checkbox"/> \$12/month	<input type="checkbox"/> \$120	<input type="checkbox"/> \$120
One Month Membership	Resident	Non-Resident		
Adult (18+)	<input type="checkbox"/> \$35	<input type="checkbox"/> \$40		
Youth/Senior (60+)	<input type="checkbox"/> \$25	<input type="checkbox"/> \$30		



Membership Agreement

Family Membership Definition: Two adults and their unmarried dependents 23 yrs. and under residing at the same address.

Medical Examination: All members are strongly encouraged to have a complete physical examination by a medical doctor before beginning an exercise program or strenuous new activity.

Cancellation of Membership:

Only Annual and/or EFT Memberships may be considered for cancellation. *Memberships will not be cancelled or extended for lack of facility use.* Annual Memberships may be cancelled upon written advice of physician (*a note from physician must be provided*).

EFT Memberships Only may be cancelled any time after the *first year* of the Annual Membership. A minimum of a 30-day notice is required for all cancellations. The cancellation form needs to be completed and turned in to the front desk at **Madison Meadow Athletic Center**.

Renewal Policies: Annual “Paid In Full” Memberships will be sent a renewal notice via e-mail 5-10 days prior to the month of the membership expiration. To complete the renewal process the member must complete the renewal paperwork that is available at the **Madison Meadow Athletic Center** front desk.

EFT memberships will automatically renew. The monthly deduction will be adjusted if there is a change in membership price.

Dues and Other Charges:

The Lombard Park District Board of Commissioners shall determine the amount and terms of payment of dues. Dues may be paid in full for the 12-month period. Dues may also be payable monthly via EFT on or about the 15th of the month.

Maintenance Closure:

As part of our annual preventative maintenance program, the **Madison Meadow Athletic Center** may close specific areas of the facility for a maximum of 2 weeks. This closure is figured into the membership fee schedule; therefore no adjustments will be made to memberships for closures less than the scheduled two weeks.

Member Information:

Should any information you list on the Member Information form be inaccurate (residency, family members, etc.), the manager will review the membership and additional fees may be required or the rights of membership may be revoked without refund.

Membership ID:

Membership ID card must be presented for admission. If ID card is not presented, the standard daily admission fee must be paid. No refunds will be granted to the pass holder as a result.

Please Print Name

Participant's Signature*

Date

*If under 18 years of age, signature of parent/guardian

Madison Meadow Athletic Center WAIVER & RELEASE

IMPORTANT INFORMATION

The Lombard Park District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Lombard Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participant's safety. However, participants and parents/guardians of minors registering for this program must recognize that there is an inherent risk of injury when choosing to participate in recreational activities/programs.

You are solely responsible for determining if you or your minor child/ward are physically fit and/or adequately skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, suffers from an underlining medical condition, takes medication, smokes cigarettes, has a family history of coronary disease, or has recently suffered an illness, injury or impairment, to consult a physician before undertaking any fitness center activity.

WARNING OF RISK

Aerobic and other fitness activities such as passive/resistive weight training, use of stair machines, jogging, free weights, and other training devices are intended to challenge and engage the physical, mental and emotional resources of the participant. Despite careful and proper preparation, instruction, medical advice, conditioning, and equipment, there is still a risk of serious injury. All hazards and dangers cannot be foreseen. Depending on the particular activity, certain risks, dangers and injuries due to overexertion, improper technique, ignoring safety precautions, failing to follow instructions, slips and falls, unfamiliarity with the equipment and/or exercise, equipment failure, failure in supervision/instruction, premises defects and other risks inherent to the particular activity exist. In this regard, it is impossible for the Lombard Park District to guarantee absolute safety.

Dependent upon a person's physical condition, age and/or skill level, aerobics and fitness activities can involve a substantial risk of the following types of injuries. This list is by no means complete, but includes some of the more common ones:

1. Heart attack, stroke and circulatory problems
2. Bone and joint injuries
3. Back and neck injury
4. Shin splints
5. Muscle strain and other muscle injuries
6. Foot problems

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in signing up and participating in this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program/activity (including transportation services and vehicle operations, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in this program/activity against the Lombard Park District, including its officials, agents, volunteers and employees.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

PLEASE PRINT
Participant's Name

Participant's Signature

Date

(18 years or older or Parent/Guardian)

PARTICIPATION WILL BE DENIED

If the signature of adult participant or parent/guardian and date are not on this waiver.