



# MEMBERSHIP APPLICATION

## For Office Use Only:

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Processed By: \_\_\_\_\_

## PRIMARY MEMBER INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Subscribe to MMAC E-Newsletter:  Y  N

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender:  M  F

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: \_\_\_\_/\_\_\_\_/\_\_\_\_

## MEMBERSHIP TYPE

Membership Type	Continuous Membership*		Year in Full		Single Month	
	Resident Fee	Non-Resident Fee	Resident Fee	Non-Resident Fee	Resident Fee	Non-Resident Fee
Adult (18+)	<input type="checkbox"/> \$22 per month	<input type="checkbox"/> \$28 per month	<input type="checkbox"/> \$264	<input type="checkbox"/> \$336	<input type="checkbox"/> \$35	<input type="checkbox"/> \$40
Couple	<input type="checkbox"/> \$34 per month	<input type="checkbox"/> \$43 per month	<input type="checkbox"/> \$408	<input type="checkbox"/> \$516	N/A	N/A
Family	<input type="checkbox"/> \$44 per month	<input type="checkbox"/> \$54 per month	<input type="checkbox"/> \$528	<input type="checkbox"/> \$648	N/A	N/A
Youth/Senior (60+)	<input type="checkbox"/> \$14 per month	<input type="checkbox"/> \$17 per month	<input type="checkbox"/> \$168	<input type="checkbox"/> \$204	<input type="checkbox"/> \$25	<input type="checkbox"/> \$30
Track Only (All Ages)	N/A	N/A	<input type="checkbox"/> \$50	<input type="checkbox"/> \$75	N/A	N/A
Membership Add-On (per person)	Continuous Membership*		Year in Full		Single Month	
	Resident Fee	Non-Resident Fee	Resident Fee	Non-Resident Fee	Resident Fee	Non-Resident Fee
Group Fitness Unlimited**	<input type="checkbox"/> \$10 per month	<input type="checkbox"/> \$10 per month	<input type="checkbox"/> \$120	<input type="checkbox"/> \$120	N/A	N/A

\*Continuous Memberships that are billed monthly will automatically renew annually and can be canceled any time after the first twelve months.

\*\*Group Fitness Unlimited is available as an add-on only to persons paying Year in Full or Continuous Memberships. This add-on does not include personal training or specialty fitness classes. **Please note:** Group Fitness Unlimited add-on dates will align with your membership start and end dates.

## FAMILY MEMBERSHIP DEFINITION

Two adults and their unmarried dependents 23 years and younger residing at the same address.



## MEMBERSHIP AGREEMENT

## 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.

## MEMBERSHIP CANCELLATION

Only Continuous and Year in Full memberships may be considered for cancellation. *Memberships will not be canceled or extended for lack of facility use.* Continuous memberships may be canceled upon written advice of physician (physician's note must be provided).

## YEAR IN FULL MEMBERSHIP CANCELLATION

Only Year in Full memberships may be cancelled after the first year of the membership. A minimum of 30 days advanced notice is required for all cancellations. Cancellation forms must be completed and turned in at the front desk of Madison Meadow Athletic Center.

## MEMBERSHIP RENEWAL POLICY

Continuous and Year in Full Memberships will be sent a renewal notice via email 5-10 days prior to the month of the membership's expiration date. To complete the renewal process, members must complete the renewal paperwork available at the front desk of Madison Meadow Athletic Center. Year in Full memberships will renew automatically. Monthly deductions will be adjusted in the event of membership pricing changes.

## DUES & 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 twelve month period. Dues may also be payable monthly via electronic funds transfer on or about the 15th of the month.

## MAINTENANCE CLOSURES

As part of the Madison Meadow Athletic Center's annual preventative maintenance program, the facility may close specific areas of the building for a maximum of two weeks. This closure is factored into the membership fee schedule. Therefore, adjustments will not be made to memberships for closures less than the two scheduled weeks.

## MEMBER INFORMATION

Should any information listed on the Membership Application form be inaccurate (current residency, family members, etc.), the facility manager will review the membership. Additional fees may be required upon reviewal and/or the rights of membership may be revoked without refund.

## MEMBERSHIP ID

A valid Membership ID card must be presented for admission. If the ID card is not presented, the standard daily admission fee must be paid at the front desk. Refunds will not be granted to the passholder as a result.

Participant Signature\*: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Participant Name (please print): \_\_\_\_\_

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

## 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 underlying 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 & RELEASE OF ALL CLAIMS & 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.

Participation will be denied if the signature of adult participant or parent/guardian and date are not on this waiver.

***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 online or via fax, my online or facsimile signature shall substitute for and have the same legal effect as an original form signature.***

Participant Signature\*: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Participant Name (please print): \_\_\_\_\_

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