



MEMBERSHIP AGREEMENT

Please print clearly

First Name: _____ Last Name: _____ ID Card#: _____

Street Address: _____ City: _____ Zip Code: _____

Phone Number: _____ Email: _____

Couples & Family Membership Information

Spouse's first name: _____ Last Name: _____ ID Card#: _____

Family Membership Information: Family memberships are for parent(s) and dependent children who are under 24 years of age and attending school full time. Children under 15 years of age are not allowed in the fitness center. Children 15-17 years of age must be accompanied by a parent or guardian at all times.

DC Everest senior and junior high students may use the fitness center from 3-7pm on school days.

Children's first name: _____ Last Name: _____ ID Card#: _____

Membership Plans: (Include both fitness center and racquetball courts)

Options:	Monthly Cost	Total Yearly Cost	3-Month Summer Only Plan
Student Memberships	\$7.00	\$84.00	\$21.00
Adult Memberships	\$15.00	\$180.00	
Couples Membership	\$22.00	\$264.00	
Family Membership	\$27.00	\$324.00	

Unlimited Membership Plans: (Includes Fitness Center & Unlimited Group Fitness Classes)

Options:	1 Month	3 Month	6 Month	12 Month
Single	\$45.00	\$120.00	\$210.00	\$384.00
Couples	\$65.00	\$180.00	\$317.00	\$576.00

Membership Policy

A credit card is required for the monthly billing option. Your credit card will be charged each month until a 30-day written notice is given to cancel your membership. There will be no refunds of membership fees if the next month has already been charged to the members card or if the member ends their one year membership commitment early.

Student Memberships: Students must provide a list of their classes showing 12 credits or more of academic study to qualify for the student rate.

WAIVER: I understand that participation in the use of the Greenheck Field House and activities held in the Greenheck Field House is at my and/or my family's own risk. I agree to hold harmless the D.C. Everest Area School District and its employees or volunteers of any physical injury I/we may incur as a result of participation.

Member / Parental Signature: _____ **Date:** _____

Date Entered: _____

Card Programmed Date: _____

Cancellation Notice Received: _____

Card Deactivated Date: _____