



# FITNESS CENTER MEMBERSHIP APPLICATION



Romeoville Recreation Department • 900 W. Romeo Rd., Romeoville, IL 60446 • (815) 886-6222 • www.romeoville.org

*Please fill in all appropriate spaces and sign the waiver on the back of this form. If you are a first time registrant you must show valid proof of residency (i.e. driver's license, current tax bill, vehicle registration, or home purchase contract) when registering. Payment is due at the time of registration.*

Date \_\_\_\_\_

Member Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Head of Household Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_

Zip \_\_\_\_\_

Primary Phone (     ) \_\_\_\_\_ Secondary Phone (     ) \_\_\_\_\_

Birthdate (mm/dd/yy) \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Phone (     ) \_\_\_\_\_

**Valid form of I.D.**

Current Illinois Driver's License     Paycheck stub/W2 form (for corporate fees)

Vehicle Registration Receipt     Current Illinois State ID     Utility Bill

**Personal Training**

I am interested in personal training.

Contact me via:

E-mail     Text     Call

Resident Rate	Memberships (fees are per month)	Non Resident Rate
<input type="checkbox"/> \$30	<b>PREMIER</b> - Age 13 and up	<input type="checkbox"/> \$45
<input type="checkbox"/> \$15	<b>ADDITIONAL PREMIER</b> - Age 13 and up	<input type="checkbox"/> \$22.50
<input type="checkbox"/> \$20	<b>ADULT</b> - Age 13 and up	<input type="checkbox"/> \$30
<input type="checkbox"/> \$11	<b>ADDITIONAL FAMILY MEMBER</b> - Age 13 and up	<input type="checkbox"/> \$16.50
<input type="checkbox"/> \$15	<b>SENIOR</b> - Age 60 and up	<input type="checkbox"/> \$22.50
<input type="checkbox"/> \$30	<b>ONE MONTH</b> - Age 13 and up	<input type="checkbox"/> \$45
<input type="checkbox"/> \$25	<b>CORPORATE</b> - Age 18 and up. Anyone who works within the Village of Romeoville. Must show proof of employment at time of registration.	
<input type="checkbox"/> FTVE	<b>PTVE</b>	<input type="checkbox"/> \$50

***(OVER - this form must be turned in with a signature. Forms without signatures will not be processed. Please see other side for participation waiver.)***

**OFFICE USE ONLY**

Amount Paid: \$ \_\_\_\_\_ Expiration Date (non EFT): \_\_\_\_\_

Check # \_\_\_\_\_ Credit Card \$ \_\_\_\_\_

Cash \$ \_\_\_\_\_

Annual Membership Type: \_\_\_\_\_ Fee: \$ \_\_\_\_\_

EFT Billing Form Attached:  Yes     No

New member packet given:  Yes     No

STAFF  
INITIALS

**Health History**

Family Physician \_\_\_\_\_

Phone (     ) \_\_\_\_\_

Allergies \_\_\_\_\_

Blood Type \_\_\_\_\_

Emergency Contact Person (name & number) \_\_\_\_\_

Please indicate if you have ever experienced any of the following conditions:

- Heart Attack                       Back or spinal injury                       High blood pressure (145/95)
- High cholesterol (over 250)    Diabetes (using medication)    Abnormal EKG
- Hardening of the arteries       Heart disease                               Medications for the heart
- Stroke                                   Medications for high blood pressure

Other important medical information \_\_\_\_\_

*I realize that my answers to the above and following questions will be considered by the Romeoville Recreation Department in determining whether I shall be permitted to participate in certain programs offered by the department and accordingly I certify that such answers are true and correct and in the event that any such answers should prove to be untrue, I release the Romeoville Recreation Department from any and all liability, loss, costs, damage and expenses resulting from its reliance thereof.*

Member Signature \_\_\_\_\_

Date \_\_\_\_\_

**Refund Policy** - Memberships are nonrefundable unless you meet the requirements for one of the two exceptions: 1. a written doctor's note stating you are unable to use the fitness center or 2. proof of relocation outside of 15 miles from the Romeoville Recreation Center. All requests for refunds must go through, and be approved by, the Program Supervisor.

**ROMEOVILLE RECREATION DEPARTMENT — PARTICIPANT AGREEMENT**

**NOTE: THIS AGREEMENT MUST BE SIGNED BY ALL ADULT PARTICIPANTS AND MUST ALSO BE SIGNED BY A PARENT OR GUARDIAN OF ANY MINOR SEEKING TO PARTICIPATE IN ANY RECREATION DEPARTMENT PROGRAMS OR ACTIVITIES.**

**WARNING OF RISK**

Despite the implementation of all reasonable precautions by the Department, an unavoidable risk of serious injury will always exist when participating in any recreational activity. Not all hazards and dangers can be foreseen. Participants and parents/guardians of minor participants must understand that certain risks and hazards will be inherent to participation in that activity, including but not limited to risks and hazards associated with inclement weather, slip and falls, overexertion and fatigue, disregarding safety rules and instructions, collision with stationary objects or other participants, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating. Accordingly, the Department hereby informs all participants and parents/guardians of minor participants that it is impossible for the Romeoville Recreation Department to guarantee absolute safety for all program and activity participants.

**WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK**

I acknowledge and assume the risks of property damage, accidents, injuries (including death), loss of bodily functions, disabilities, medical disorders, pain and suffering, lost income and medical expenses that arise from participation in any program or activity offered by the Department, and my use of facilities, transportation services, premises and equipment provided by the Department. I further acknowledge that the foregoing risks may arise from my own action or inaction, the actions or inaction of other program or activity participants, the conditions under which a program or activity is conducted, or from the negligent actions or inaction (including any failure to warn) of Department personnel, contractors or service providers. I also acknowledge that from time to time, the Village of Romeoville and/or the Department may take photographs of me participating in programs or activities offered by the Department for use and publication in various publications or media, including but not limited to the Village's website, Facebook account or other social media sites or accounts, department program brochures or materials, and Village or Department informational, promotional or marketing materials, and I hereby expressly grant to the Village of Romeoville and the Department the right to use and publish such photographs as contemplated herein, all without compensation or payment for such use and publication. In consideration of being allowed to participate in programs or activities offered by the Department, or to use facilities, transportation services, premises and equipment provided by the Department, I hereby release, waive and discharge the Village of Romeoville and its officers, officials, employees, agents, volunteers and contractors (collectively, the "Releasees") from any and all liability and all claims of any kind whether for personal injury, property damage or death, arising from participation in any activity or program offered by the Department, arising from my use of facilities, transportation services, premises and equipment provided by the Department, or arising from the use or publication by Releasees of photographs of me participating in programs or activities offered by the Department, whether or not caused by the negligence of the Releasees or any of them and further covenant that I shall not sue any of the Releasees with respect to any such liability or claims. In the event that I or anyone else nonetheless makes a claim or files suit against Releasees arising out of any of the above-described matters, I will indemnify and hold Releasees harmless of and from any and all damages or judgments and costs of litigation, including attorney fees. The provisions hereof are to be construed as broadly as possible in favor of Releasees, and this Agreement as a whole shall be governed by the laws of the State of Illinois (without reference to the conflicts of laws rules thereof). If any part of this Agreement shall be ruled invalid by a court having jurisdiction, the balance shall be enforced to the maximum possible extent. I am signing this Agreement freely and voluntarily, having read and understood it and with a full opportunity to consider its substance and with the intention of fully and unconditionally assuming the risks and releasing the liabilities as described above in this Agreement.

DATE: \_\_\_\_\_

\_\_\_\_\_  
Printed Participant Name

\_\_\_\_\_  
Participant Signature

**REQUIRED PARENT/GUARDIAN SIGNATURE FOR MINOR PARTICIPANTS**

I am the parent or legal guardian of \_\_\_\_\_, and am registering \_\_\_\_\_ to participate in a program or activity offered by the Romeoville Recreation Department. I have read and reviewed this Agreement, and am voluntarily signing it on behalf of my child/ward \_\_\_\_\_, in my capacity as parent and legal guardian. By signing below, I am agreeing on behalf of my child/ward to be bound along with my child/ward by all terms and conditions of this Agreement as set forth above, including but expressly not limited to those terms and conditions **pertaining to the taking of photographs of program and activity participants, the use and publication of such photographs and the release of all claims associated therewith.**

DATE: \_\_\_\_\_

\_\_\_\_\_  
Printed Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature