# BOONE COUNTY FITNESS CENTER MEMBERSHIP APPLICATION

**NAME**: _____**DATE**:_____

**ADDRESS:**_____

**CITY:**_____ **STATE:**_____ **ZIP:**_____

**PHONE:**_____ **EMAIL:**_____

**EMERGENCY CONTACT NAME & PH#:** _____

## MEMBERSHIP TYPE: (CHECK ONE)

**FAMILY** PAID IN FULL _____ **FAMILY** AUTODRAFT _____

**SINGLE** PAID IN FULL _____ **SINGLE** AUTODRAFT _____

**AMOUNT PD: $**_____ **CASH or CHECK (CIRCLE ONE)**

**Your BCFC membership includes use of the entire facility, with the exceptions of age limits for certain areas for children under 16. (limitations are listed below). All rules listed must be followed. BCFC reserves the right to refuse entry to anyone not following these rules and can revoke a membership for the same reasons.**

## AGE LIMITATIONS: *(employee, read through this with each new member)*

**Children under the age of 13 may not use the Fitness Center alone.**

**All Rules and Regulations must be followed. Offenders will be dealt with promptly and parents will be immediately notified.**

**Children under the age of 16 may not use the pool without adult supervision. (any person 18 years of age or older.) Supervision means you must be with the children at all times,** in the water or on the pool deck. **This is a STATE LAW REQUIREMENT, there are no exceptions to this rule.**

**No children under 13 may be in the sauna.**

**Children ages 13-15 must use the buddy system in the weight room.**

**Wee Fit Room is for children ages 5 and under only.**

***Please keep children under 13 OFF OF EQUIPMENT AT ALL TIMES*.**

# MEMBERSHIP CANCELLATION POLICY:

**Cancellation of your BCFC membership requires a signed cancellation form before the 5th of the month you wish to cancel in.**

# REFUND POLICY:

**Refunds will not be given on any membership fees, classes or lessons. BCFC refund credit may be given under certain circumstances.**

# CLASS CANCELLATION POLICY:

**BCFC reserves the right to cancel or change classes and schedules as necessary. Watch our FACEBOOK page for inclement weather related closings and cancellations.**

**I have read and understand the entire contents of this application. I agree to all terms, rules and policies. I also understand that I am solely responsible for any and all liability costs and damages incurred by me as a result of any injury sustained by me from the use of the facility, equipment, group exercise classes or training. I further agree not to hold management, staff, instructors or trainers responsible for any injury whatsoever. I understand that I may incur an injury as a result of physical activity and am doing so at my own risk.**

**MEMBER SIGNATURE: _____ DATE: _____**

**EMPLOYEE SIGNATURE: _____**

*LIST ALL NAMES ASSOCIATED WITH THIS MEMBERSHIP*: _____

_____

# MEMBER NUMBER:_____