

North Rose-Wolcott

Fitness Center Membership Application

District Residents

Single membership \$10.00/month
 \$100.00/year
 Family: \$15.00/month
 \$150.00/year

Out of District Members

Single membership: \$20.00/month
 \$150.00/year
 Family: \$45.00/month
 \$250.00/year

North Rose-Wolcott District Students are FREE
North Rose-Wolcott Faculty and Staff will be charged RESIDENT rates

A Guest Pass will be given with every yearly membership valid for one visit
 A One Day Pass for \$5.00 will be available for people requesting a trial work out.

	<u>CIRCLE</u>	<u>CIRCLE</u>
TYPE OF MEMBERSHIP:	District	Non-District
	Single	Family
LENGTH OF MEMBERSHIP:	Monthly	Year

Amount Enclosed: _____ (Cash or Check # _____)

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

- *You must be in 7th grade to use the facility*
- *Family memberships only cover adults and dependents residing in the same household*

If paying for a family membership, please list all eligible members

<u>NAMES</u>	<u>GRADE or age (if out of school)</u>
_____	_____
_____	_____
_____	_____

I/my family agree(s) to adhere to all safety rules while using the North Rose-Wolcott Fitness Center. I agree to show my membership card upon entering the facility and to renew my membership or discard my card when expired. In consideration of this membership being accepted, I hereby for myself, heirs, executors and administrators waive and release any claims that I may have against the North Rose –Wolcott School District. I certify that I am physically able to participate in an exercise program.

Signature _____

Date _____

Please send completed form with payment to:
North Rose-Wolcott CSD
ATTN: Business Office
11631 Salter-Colvin Road, Wolcott, NY 14590

Office use only:
 _____ **Membership Card**
 _____ **Guest Pass**
 _____ **Receipt # _____**