



PINES COMMUNITY WELLNESS CENTER



Revised 2/28/14

MEMBERSHIP APPLICATION

PERSONAL INFORMATION (PLEASE PRINT)

Name:			
Primary Telephone #:		Secondary Telephone #:	
Mailing Address:			
City:		State:	ZIP:
Email Address:		Birth Date: / /	Male Female
Place of Employment:			

EMERGENCY CONTACT

1. Name:		Relationship:	
Mailing Address:		City:	State: ZIP:
Primary Telephone #:		Secondary Telephone #:	
2. Name:		Relationship:	
Mailing Address:		City:	State: ZIP:
Primary Telephone #:		Secondary Telephone #:	

SIGNIFICANT OTHER (List last name only if different from above)

Name:		
Place of Employment:	Birth Date: / /	Primary Telephone #:

CHILDREN

Name	Date of Birth: / /	Male Female
Name	Date of Birth: / /	Male Female
Name	Date of Birth: / /	Male Female
Name	Date of Birth: / /	Male Female

RESPONSIBILITIES AND RELEASE

Liability – I understand that Pines Community Wellness Center assumes no responsibility for injuries or illnesses which I or any member of my family may sustain as a result of my physical condition resulting from my participation in any athletic activities, sports program, the use of any equipment, exercise or any other activities or programs. I acknowledge that I assume the risk for any and all injuries and illnesses, which may result from my or my family's participation in these activities. I hereby release and discharge the Pines Community Wellness Center, its agents, and employees from any and all claims for injury, illnesses, death, loss or damage, which I, or any member of my family may suffer as a result of my or my family's participation in these activities.

____ *Initial*

Photo Release – I give permission to the Pines Community Wellness Center to use, without limitation or obligation, photographs, film footage, or tape recordings which may include my or my family's image(s) or voice(s) for purposes of promotion or interpreting the Pines Community Wellness Center programs. ____ *Initial*

SIGNATURES

Signature of applicant:	Date:
Signature of joint applicant:	Date:

Please consider making a donation to the Pines Community Wellness Center. All donations will be used to enhance programs, upgrade equipment and maintain the Wellness Center.

Donation: ____ \$25.00 ____ \$50.00 ____ \$100.00 ____ \$500.00 ____ \$1,000.00 ____ Other

***** PLEASE MAKE CHECKS PAYABLE TO NORTHLAND PINES SCHOOL DISTRICT*****