



MEMBER INFORMATION

Name: _____ Date of Birth: _____

Home Address: _____ City: _____ State: _____ Zip code: _____

Email: _____ Phone number: _____

ADDITIONAL MEMBERS

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

EMERGENCY INFORMATION

Name/Relationship _____ Phone #: _____

Name/Relationship _____ Phone #: _____

I hereby authorize the Community Park District of La Grange Park to withdraw \$ _____ from the stated account on or around the 1st of every month.

Credit Card or Checking Account Number: _____

Routing Number: _____ OR Exp. Date: _____ CVC _____

I understand that my agreement is a 1-year membership that is paid monthly and will automatically renew monthly at the end of my 1-year commitment. **If you wish to cancel your automatic monthly renewal, you may do so at any time, though it is preferred in writing 30 days before your desired end of the automatic monthly renewal.** I also understand that declined payments for any reason will result in a \$15 fee and two (2) declined payments in one calendar year will result in my requirement to satisfy the remaining balance of my entire membership in full before using the facility or registering for any park district program.

X _____ X. _____

Authorized Signature (18 yrs or older)

Date

MEMBERSHIP INFORMATION (Office use only)

Member ID: _____ Membership Type: _____

Join Date: _____ End Date: _____

☐ New ☐ Renewal

MONTHLY AUTO WITHDRAWAL: YES or NO

NEXT PAYMENT DATE: _____

MONTHLY CHARGES: _____

Warning of Risk

Aerobic and other fitness activities such as passive/resistive weight training, use of stair machines, jogging, free weights, and other training devices are intended to challenge and engage the physical, mental and emotional resources of the participant. Despite careful and proper preparation, instruction, medical advice, conditioning, and equipment, there is still a risk of serious injury. All hazards and dangers cannot be foreseen. Depending on the particular activity, certain risks, dangers and injuries due to overexertion, improper technique, ignoring safety precautions, failing to follow instructions, slips and falls, unfamiliarity with the equipment and/or exercise, equipment failure, failure in supervision/instruction, premises defects and other risks inherent to the particular activity exist. In this regard, it is impossible for the Community Park District of La Grange Park to guarantee absolute safety.

Depending on a person's physical condition, age and/or skill level, aerobics and fitness activities can involve a substantial risk of the following types of injuries. This list is by no means complete, but includes some of the more common ones:

Heart attack, stroke and circulatory problems.	Shin splints.
Bone and joint injuries.	Muscle strain and other muscle injuries.
Back and neck injury.	Foot problems.

Waiver and Release of All Claims and Assumption of Risk

Please read this form carefully and be aware that in signing up and participating in this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program/activity (including transportation services and vehicle operations, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in this program/activity against the Community Park District of La Grange Park, including its officials, agents, volunteers and employees.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

Participants Name (print): _____

Date: _____

Participants Signature: _____

(18 years or older or Parent/Guardian)