Westchester Park District

FITNESS CENTER/OPEN GYM MEMBERSHIP REGISTRATION FORM

_____ ***New Member*** _____ ***Renewing Member*** *(Check One)*

MEMBERSHIP TYPES: PLEASE CHECK CHOICE(s):

Note: For Senior Couple or Senior Family of 3, all applicants must qualify as age 60+. Senior rates apply to WESTCHESTER RESIDENTS ONLY.

_____	1 Year INDIVIDUAL	$225.00	
_____	1 Year COUPLE (same household)	$390.00	
_____	1 Year FAMILY OF 3 (same household)	$480.00	
_____	1 Month INDIVIDUAL	$20.00	
_____	1 Month COUPLE (same household)	$35.00	
_____	1 Month FAMILY of 3 (same household)	$45.00	
_____	1 Year SENIOR INDIVIDUAL	$202.50	
_____	1 Year SENIOR COUPLE (same household)	$351.00	
_____	1 Year SENIOR FAMILY OF 3 (same household)	$432.00	

_____ Personal Training (1) $40 _____ Personal Training (3) $105

_____ Personal Training (6) $190 _____ Personal Training (9) $275

_____ OPEN GYM: ___ Full Season ___ Half Season ___ High School

LAST NAME: _____ PHONE NUMBER: (_____)_____

ADDRESS: _____ TOWN: _____ZIP_____

FIRST NAME: 1) _____ BIRTHDATE: _____

FIRST NAME: 2) _____ BIRTHDATE: _____

FIRST NAME: 3) _____ BIRTHDATE: _____

Email ADDRESS (PLEASE complete): _____

Method of Payment: ____Cash ____Check ____Visa ____Mcard ____Discover

Credit Card No. _____

Expiration Date _____-_____ Amount of Charge $_____

Authorized Signature _____

Waiver and Release of All Claims

Please read this form carefully and be aware that in registering yourself or your minor child/ward for participation in the program/programs listed above, you will be waiving and releasing all claims for injuries you and/or your child/ward might sustain arising out of the program(s) listed above.

I recognize and acknowledge that there are certain risks of physical injury to participants in the program(s) listed above and I agree to assume the full risk of any such injuries, damages or loss regardless of severity which I or my child/ward may sustain as a result of participating in any activities connected or associated with any such program(s). I waive and relinquish all claims I or my child/ward may have against the Park District and its officers, agents servants and employees as a result of participation in any of the program(s) listed above, I hereby fully release and discharge the Park District and its officers, agents, servants and employees from any and all claims from injuries, damages loss which I or my child/ward may have or which may accrue to me or my child/ward on account of my participation of my child/ward in any other the programs listed above. I further agree to indemnify and hold harmless and defend the Park District and its officers, agents, servants, and employees from any and all claims resulting from injuries, damages, and losses sustained by me or my child/ward, and arising out of, connected with, or in any association with the activities of any of the program(s).

Refund Policy *– All refund requests must be made to the main office staff (708.865.8200) during regular office hours (M-F/9 a.m. to 4:30 p.m.)*

- When 10% or less of the program dates have passed, a full refund will be given upon request.
- When 11% to 49% of the program dates have passed, refunds will be prorated on a per class charge with an additional $3.00 administrative fee.
- When 50% of the program dates have passed, no refund will be issued.
- Deductions will be taken to cover any prepaid program materials and/or non-refundable trip expenses; such as, entrance tickets and/or pre-paid meals.
- The above mentioned refund policies do NOT apply to fitness center memberships*, personal training, league fees, day camp, pool passes, or ***contractual classes***. Contractual classes are identified in the brochure with a flag symbol. Due to contractual agreements a refund can not be issued less than 7 days prior to the start date of a contractual program. *Annual fitness memberships carry a 2-week money back guarantee, monthly memberships are not refundable.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE WAIVER & RELEASE and REFUND Policy Acknowledgement

Participant's Signature *Date* *Parent or Guardian's Signature*