



Fitness Membership Application

MEMBERSHIP TYPE (CHECK ONE)	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> INDIVIDUAL PLUS 1	<input type="checkbox"/> FAMILY
MEMBERSHIP LENGTH (CHECK ON)	<input type="checkbox"/> 3 MONTHS	<input type="checkbox"/> 6 MONTHS	<input type="checkbox"/> 1 YEAR

First & Last Name: _____

Mailing Address _____

Cell Phone _____ Work Phone _____

Email _____ Date of Birth _____

Emergency Contact _____ Phone _____

ADDITIONAL MEMBERS:

NAME	RELATIONSHIP	DATE OF BIRTH
1)		
2)		
3)		
4)		

MEDICAL CONDITIONS/ALLERGIES

MEMBER NAME	CONDITION/ALLERGY	DOCTOR/PHONE NUMBER
1)		
2)		
3)		
4)		

MEMBERSHIP TYPE/RATES	3 MONTHS	6 MONTHS	1 YEAR
INDIVIDUAL	\$100	\$170	\$300
INDIVIDUAL PLUS 1	\$175	\$300	\$525
FAMILY	\$300	\$550	\$975



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MEMBERSHIP INFORMATION:

Each membership type includes the following:

- 1 Individual must be at least 16 years of age
- Members can bring up to 2 guests at \$5 each with additional guests at \$10 each
- Unlimited access to pool, fitness center, whirlpool, sauna, showers, and locker rooms during normal operating hours (posted hours are at the front desk)
- Any membership other than the individual membership also has the following stipulation:
 - Everyone on the membership must reside in the same household

All guests must pay to use the facilities. Members are responsible for their guests and must always remain with the guests. Anyone abusing guest privileges will be subject to revocation of membership.

By signing this form, I do hereby attest that I have read, understood, and will obey the Par 5 Resort Pool & Fitness Center rules and regulations (see front desk) as well as the above Membership Information.

I also verify that I am in sufficient health, and have appropriate experience, to participate in activities encompassed by this Application. I recognize that (a) all physical activity has some inherent risk of injury, and (b) Par 5 Resort has no financial responsibility or legal obligation for medical care or ambulance transportation. Except for Par 5 Resort's negligence, and on behalf of all interested parties, I release the resort from liability, and waive all claims and right to recovery, for injuries arising from my personal condition or use of resort facilities.

If an injury or illness requires, in the opinion of the person in charge, urgent medical or dental examination or treatment, I authorize and direct that person (or their agent) to: (a) arrange transportation by car or ambulance to the closest hospital; (b) call the doctor(s) named above; and (c) attempt to reach one or more of the other listed contacts. If a named doctor is unavailable, I authorize any emergency treatment deemed necessary by any licensed physician or EMT/First Responder.

_____ Date _____

Signature (if under 16, parent/guardian)

Printed Name

OFFICE USE ONLY BELOW THIS LINE

Date Application Received: _____ By: _____

Payment of \$ _____ paid by CASH CHECK CARD on (date) _____

Membership card sent to guest via MAIL IN PERSON PICK UP on (date) _____

Membership valid from (date) _____ to (date) _____