



Springfield Racquet
& Fitness Center



July 12th 2010 Summer Pool Membership Application

Membership Types and Rates

Please Circle Membership Choice

Reduced Prices VALID ON or AFTER July 12, 2009 – No Refunds or Exchanges for prior purchases.

Enrollment Fee \$59 New Members Only
Individual - \$139 Couple - \$199 Family - \$249

Please complete all information requested and provide valid ID for processing.

Name: Last _____ First _____ need ID

Spouse Last _____ First _____ need ID

Street Address _____ Email _____

City _____ State _____ Zip Code _____

Home Phone: _____ Work Phone: _____ Cell Phone _____

List Children – Immediate Family, living at home up to age of 20.

1. _____ Birthdate _____ need ID
2. _____ Birthdate _____ need ID
3. _____ Birthdate _____ need ID
4. _____ Birthdate _____ need ID

Waiver

I/we hereby accept full responsibility for my use and my family's use of any and all apparatus, equipment, appliances, facilities, privileges and services whatsoever owned and operated by Springfield Racquet and Fitness Center. I/we understand the risks and activities associated with activities at the Club, including by not limited to swimming, diving and other recreational activities and give my/our approval for minor child(ren) to participate in such activities, and I/we hereby waive, release, absolve, indemnify and agree to hold harmless each of the Releases (Springfield Racquet & Fitness Center its administrators, directors, agents, owners, officers, and employees) from any claim rising out of injury to myself, my family and my/our child, from all liability, claims, demand, losses, or damages on the minor's account caused or alleged to be caused in whole or in part by the negligence of the Releases or otherwise including negligent rescue operations, and further agree that if, despite this release, I/we the minor's parent/legal guardian, or anyone on the minor's behalf makes a claim against any of the Releases, I will indemnify, save and hold harmless each of the Releases from any litigation expenses, attorney fees, loss liability, damage or cause any may incur as the result of any such claim.

MEMBER SIGNATURE (S)

Date

Method of Payment: VISA MC DISC
 CHECK CASH

Payment Amount \$ _____

CREDIT CARD NUMBER

Expiration Date _____

Print Name: _____

Signature _____