

**Hubbard-Radcliffe Community School
Fitness Center
Membership Form**

Date of Application _____
Member Name _____
Street Address _____
City/State/Zip _____
Phone Number _____
Email Address _____

Type of membership **single** **family**

Length of membership **6 months** **annual**

Family membership (spouse, ages 12-22 dependent children)

Name	Birthdate
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Number of fobs requested _____
(one is included in membership/lost keys or additional keys are \$5 each)

An indemnity and waiver form must be on file and fees must be paid in full before using the fitness center.

For office use:	
Payment info: <input type="checkbox"/> cash <input type="checkbox"/> check # _____	Waiver signed _____
Membership Expiration date _____	Fob # _____