HEALTH & FITNESS CLUB 2008

____ Single Membership ____ Family Membership
____ Daily Membership

Name: _____
Address: _____
City: _____ **State:**_____ **Zip:**_____
Home Phone: (____)_____ **Emergency: (____)**_____
Date of Birth: ____/____/____ **Sex: M F**

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Additional Members* (Family Membership Only)

	Name	Date of Birth	Age
Spouse			
Child			
Child			
Child			

**Up to 3 Additional Members. All members must reside in the same household, and must be 16 years of age or older. Proof of age must be provided upon request. Membership valid between 1/1/08 and 12/31/08.*

In consideration of the permission granted by the Village of Royal Palm Beach to participate in these activities, I/we hereby release the Village of Royal Palm Beach, their agents, and employees, from all actions, causes of action, damages, claims or demands which I/we, my/our heirs, executors, administrators or assigns may have against the Village of Royal Palm Beach and other above described parties, for all personal injuries known or unknown which I/we have incurred or may incur by participating in the described activities.

I/We, the undersigned, have read this release and understand all terms. I/We execute it voluntarily and with full knowledge of its significance.

_____ _____
Signature Date

FEE(S)	RPB RESIDENT	NON-RESIDENT
SINGLE MEMBERSHIP	$55.00	$70.00
DAILY MEMBERSHIP	$2.00	$2.00
FAMILY MEMBERSHIP	$80.00	$95.00

TOTAL DUE: _____
CHECK: _____
CASH:_____
VISA / MC: _____
ACCEPTED BY: _____
RECEIPT#: _____

ROYAL PALM BEACH PARKS & RECREATION
790-5124