

# HEALTH & FITNESS CLUB 2010

_____ 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 1/1/10 and 12/31/10.*

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	<b>FOR OFFICE USE ONLY:</b>
SINGLE MEMBERSHIP	\$55.00	\$70.00	TOTAL DUE: _____
DAILY MEMBERSHIP	\$2.00	\$2.00	CHECK: _____
FAMILY MEMBERSHIP	\$80.00	\$95.00	CASH: _____
			VISA / MC: _____
			ACCEPTED BY: _____
			RECEIPT #: _____
			CARD #: _____

**ROYAL PALM BEACH PARKS & RECREATION  
790-5124**