

## **Vaughan Fitness Student Membership Application**

All members or guests must complete this fo	rm prior to using the fitness centre. All inform	ation is confidential.
■ <b>New</b> : For new and previous members who h ■ <b>Renewal</b> : For all current renewals.	nave let their membership lapse 3 months or more.	
Client Information		
First Name:	Last Name	2:
Main Phone #:	Cell Phone #:	Other Phone #:
Full Address:		
Email Address:		
Date of Birth:		Age:
Emergency Contact:		Main Phone #:
School Attending:		
	ign is available to all 3-month and annual mem beginning an exercise program. To book an app	nbers. It is strongly recommended that members take ointment please speak to fitness staff.  Please read carefully and sign below
accident or injury which may be caused by or r community centres; except where the damage	esults from my participation while engaging in ac e or injury is caused by the negligence of the gree that I, the undersigned, have no knowledge of	claims or any damages whatsoever arising out of any ctivities at or sponsored by any of the City of Vaughan's City of Vaughan or its agents, officers and employees f any physical illness or disability that through my participa-
I agree to sign the Recreation Services Membersh	ip Agreement before participating in any fitness me	embership program. Parental signature is required.
		Client Initials
	ating hours, though there may be times when staff is tness equipment and/or engaging in a fitness activity	s unavailable for direct supervision in the fitness centre. I am · I am unfamiliar with.
The City of Vaughan reserves the right to so follow fitness centre policies by the member and/		he event of inappropriate behaviour and/or failure to
•	estions regarding this collection may be directed to th	ded and will be used for the purpose of entering membership ne Director, Recreation Services, City of Vaughan, 2141 Major
Client Signature:		Date:
Parent Signature: (if applicant is under 18 years old)		Date:

