



RECREATION & FITNESS CENTER
APPLICATION FORM

Name: _____ Male / Female DOB: _____

Address: _____ City/State: _____

Zip: _____ Phone: (Home) _____ (Cell) _____

Email: _____

Spouse's Name (if also joining): _____

Membership: [] Individual [] Family

Payment: [] Cash [] Check

2PC Employee (check if applicable): _____

Annual Membership Donation
Fitness Center: \$85 per person; \$125 per family
Track: \$20 per person
Membership renewals are due each January. If a new member joins during the year, a pro-rated cost is available.

If your family is joining, please list each member's name below:

Three sets of horizontal lines for listing family member names.

Emergency Contact: _____ Phone: _____

In order to use the recreation facilities and equipment and participate in activities sponsored by Second Presbyterian Church, I certify that i will not hold Second Presbyterian Church, the staff, or volunteers responsible for any theft occurring on the church property or at any church sponsored event. I also will be responsible for any medical expenses incurred an waive all claim or legal rights against Second Presbyterian Church, staff, or volunteers that I or my dependants might have as a result or any injury incurred due to participation in any activities. I further certify that in signing this form I authorize the recreation staff to administer first aid, contact my family physician, treatment of any sort, call for emergency treatment, or transport me or my dependants to a medical facility.

Signature: _____ Date: _____