



**CITY OF LA PORTE
RECREATION FITNESS CENTER MEMBERSHIP APPLICATION**

Member Name: First _____ Last _____ MI _____

Sex: (Male/Female): _____ Birth Date: _____ Age: _____

Home Address: _____
Corporate: Business Name & Address
(For Corporate & Property Owners Only)

City: _____

State: _____ Zip Code: _____ City: _____

Home Phone: _____ State: _____ Zip Code: _____

Cell Phone: _____ Business Phone: _____

E-MAIL: _____

- Basic Membership consists of weight rooms, full court basketball gym, locker rooms, steam/sauna
- Deluxe Membership consists of all of the above, plus access to Racquetball Courts and Lap Pool
- Individual Membership consists of one person 16 years of age or older
- Family Membership consists of dependent children 18 and under, and/or fulltime college students living at home to the age of 24.

Membership Plan - Please Check:

- 1) Basic _____ Deluxe _____ Senior _____ Corporate _____ Morgan's Point _____ Shoreacres _____
- 2) Individual _____ Family _____
- 3) Quarterly _____ Annual _____
- 4) Resident _____ Non-Resident _____

Please Initial:

_____ Received Rules and Regulations Brochure
_____ Received Refund Information

For Office Use Only:

Date _____ Household # _____ Plan Code _____

Amount Received \$ _____ Check # _____ Cash _____ Gift Certificate# _____ Visa _____ MC _____

Receipt # _____ Corporate _____

City Employee # _____ Payroll Deduct _____ Received by _____

FAMILY MEMBERS
(INCLUDES CHILDREN 18 AND UNDER, AND/OR FULL TIME COLLEGE STUDENT(S)
LIVING AT HOME TO THE AGE OF 24)

Name	Relationship	DOB	Pass #	(Office Use)
1				
2				
3				
4				
5				

Medical Problems: _____

Emergency Contact Information

Name: _____ Relationship: _____

Phone #: _____

In consideration of accepting this membership with the City of La Porte for the La Porte Recreation Fitness Center, I the undersigned, intending to legally bind myself, my heirs, executors, and administrators, hereby agree to waive, surrender and release any and all rights and claims for damages, injury or loss that I may have and which result from or arise out of my participation at the City of La Porte Recreation Fitness Center, that I may have against the City of La Porte and/or the La Porte Parks and Recreation Department, their staff and any and all persons and entities associated with the City of La Porte and/or the La Porte Parks and Recreation Department. I attest and verify that I am physically fit and have been verified that I am able to participate in fitness by a licensed medical doctor (if participant is under 18 years of age, parent or legal guardian must sign this release).

I fully understand that any children under 14 years of age must be accompanied by either a parent/legal guardian or older sibling (at least 16 years of age or older) and a member when using any /all facility amenities.

Signature

Date

Parent or Guardian Signature
(If under age 18)

Date