

Carson Exercise Room Membership Form

316 South Commercial Street, Carson, IA 51525 (712) 484-3636

Primary Member Information:

Membership Term*Annual**Monthly**Lifetime

Membership Type*Single**Couple**Family

Last Name	First Name	M.I.	Male/Female
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Address	Apt #	P.O. Box #	City	State	Zip
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Date of Birth	Home Phone	Work Phone	Cell Phone (optional)
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Person to Contact in Case of Emergency	Relationship	Phone Number
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Please complete information below for each additional individual

____ Second Adult

Name	Relationship	Date of Birth	Male/Female
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Family members may include two parents and their unmarried children ages 14 - 17 residing at the same address and/or unmarried children through age 23 who are full-time students. Family relatives (i.e. cousins, aunts, uncles, grandparents, friends, etc.) cannot be on a family pass.

Children in Household (Youth under 14 years of age are not allowed in the fitness center)

Name	Relationship	Date of Birth	Male/Female
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Name	Relationship	Date of Birth	Male/Female
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Name	Relationship	Date of Birth	Male/Female
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Name	Relationship	Date of Birth	Male/Female
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Name	Relationship	Date of Birth	Male/Female
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By purchasing a Fitness Pass, I realize the inherent risks involved in the programs and appreciate the nature of the risks. The applicant(s) hold harmless the City of Carson and the Carson Community Center for any damages caused by participation in this program. Individuals registered for a Membership are encouraged to seek a physician's approval before beginning any program. A refund will be granted to any pass holder if requested within 30 days of pass purchase. The first month of the pass rate will be deducted from the refund. A refund will also be granted to any pass holder with a written medical excuse and will be prorated from the date of the request beyond 30 days of purchase. I realize and accept that this pass is issued at the discretion of the City of Carson and the Carson Community Center and may be recalled or revoked at their discretion at any time.

SIGNATURE: _____ *DATE: _____

Method of Payment**OFFICE USE ONLY

Check # _____ Cash _____ Gift Certificate _____ Received By: _____

Membership Fee \$ _____ Membership Start Date _____ Membership End Date _____