



566 N. 6th Street Muskogee, OK 74401 (918) 684-6304

Member # _____

APPLICATION FOR ENROLLMENT: TODAY'S DATE:

Last Name (PRINT)		First Name (PRINT)		Middle Initial	Male/Female	DOB
Address			City		State	Zip
Home Phone		Cell Phone		Work Phone		

EMERGENCY CONTACT:

Print First & Last Name	Relationship	Phone Number
-------------------------	--------------	--------------

MEMBER Email Address (print)

MEMBERSHIP TYPE: PAYMENT TYPE:

<input type="radio"/> SINGLE MEMBERSHIP <input type="radio"/> FAMILY (_____ # of members on account) <input type="radio"/> SENIOR-SINGLE <input type="radio"/> SENIOR-COUPLE * Membership type selected must meet facility guidelines.	<input type="radio"/> EFT (BANK DRAFT ONLY) Circle ONE: 1st or 15th (of each month) <small>Must provide voided check or pre-printed documentation from your bank verifying name, account number & routing information. No credit cards or debit card # accepted for drafts.</small> <input type="radio"/> 6 MONTH PAYMENT (payment in full; will expire 6 months from payment date) <input type="radio"/> ANNUAL PAYMENT (payment in full; will expire one year from payment date) <input type="radio"/> MONTHLY MEMBERSHIP Payment Due: 1st or 15th (of each month) <small>(Circle preferred due date; 1st month will be pro-rated)</small>
---	---

ADDITIONAL FAMILY MEMBERS:

A family member is defined as parents and dependents residing in the same household. Proof of residency or dependent status may be requested. You MUST be a spouse or dependent child to be included as a family member on a membership account. Dependents ages 13-15 must pay for and complete the Teen Member Orientation. Dependents ages 21-25 must be a current college student and residing in the same household. The following are NOT eligible to be on the same account--adult friends and/or family members (siblings, cousins, child/parent, etc.) residing in the same household; couples or significant other who do not reside in the same household. At anytime MSFC reserves the right to notify and cancel any member violating this policy.

Last Name	First Name	DOB & AGE	Male/Female	Member #

MEMBERSHIP AGREEMENT:

- I understand that I am purchasing a membership to the Muskogee Swim & Fitness Center, owned and operated by the City of Muskogee Parks and Recreation Department. Annual and 6 Month memberships may be purchased with a one time non-refundable payment. Monthly memberships may be purchased with monthly cash payments or by bank draft. Bank drafts may take between 5-7 business days to draft from your account.
- I understand that Annual/6 Month memberships expire one rolling year/6 months after joining, and Monthly memberships expire on the 1st or 15th (selected by me). If my monthly membership is canceled or expires for any reason, I must pay the joining fee to re-instate my membership. If I wish to cancel my EFT Bank Draft membership, I must notify MS&FC at least five days prior to my chosen billing date. I have the right to cancel my membership at any time.
- The primary member is solely responsible for paying the full amount of monthly membership dues and any family members that have been added to the membership. Membership cards are issued upon joining. If card is lost, stolen, or damaged, the member must purchase replacement.
- I have received the MS&FC Facility Rules & Guidelines Form, Payment Policy, and the Membership Guidelines Form. I understand that I must follow all facility guidelines of the Muskogee Swim & Fitness Center. If I do not, my membership is subject for immediate termination.
- MS&FC is not responsible for lost or stolen items. We strongly encourage all members/guests to secure their personal items in a locker.

RELEASE OF LIABILITY:

Participation in any type of exercise (walking, running, swimming, aerobics, and resistance training, etc) can sometimes result in minor or even serious injuries; such as sprains, strains, broken bones, muscle soreness or pain, potential dizziness or light headedness; or rare cases of serious injury such as stroke, heart attack, or death. During participation in MS&FC programs or equipment use, I will make every attempt to conduct myself in a manner that is safe and consistent with the policies of the facility. I understand and accept responsibility and liability of any accident or injury that I incur and for any dependents spouse or children on my account. The staff, contract instructors, and personal trainer of the MS&FC and the City of Muskogee are not held liable for any accidents or injuries as a result of my participation in programs and use of the equipment/facility in the Muskogee Swim & Fitness Center.

Signature of Primary Member:	Date:
Signature of Additional Family (18 older):	Date:
Signature of Additional Family (18 older):	Date:

Office Use Only: Copy of Photo ID _____ Joining Fee \$ _____ Circle: Annual / 6 Month / Monthly / EFT Draft \$ _____
 Total Payment Processed \$ _____ Date Payment Received _____ Staff IN _____