

INTERNAL USE ONLY

Enrollment Fee

Fee is non-refundable and per person.

- ☐ **Individual (\$50)**
- ☐ **Family Member (\$50)**
- ☐ **Special _____**

Monthly

minimum 12 month commitment

R = Resident. NR = Non Resident.

- ☐ **Individual Adult**
- ☐ **Family of _____**
- ☐ **Youth - Age 14-17**
- ☐ **Active Adult 62+**

Family of 2 requires both members to be 62+

Annual

minimum 12 month commitment

R = Resident. NR = Non Resident.

- ☐ **Individual Adult**
- ☐ **Family of _____**
- ☐ **Youth - Age 14-17**
- ☐ **Active Adult 62+**

Family of 2 requires both members to be 62+

STAFF INITIAL _____

DATE MM/DD/YY _____

☐ **CHECKED PROOF OF RESIDENCY**

MEMBERSHIP START DATE MM/DD/YY _____

Name _____

Additional Member Names _____

Address _____

City _____ State _____ Zip _____

Cell Phone _____ Add'l Phone _____

Email _____ Birthdate _____

EMERGENCY CONTACT INFORMATION

Name _____

Phone _____ Relation _____

How did you hear about this activity? _____

Have you seen any of our ads? ☐ Yes ☐ No

I understand that my membership contract has a minimum term of 12 months. If I wish to terminate my membership prior to 12 months, a \$75 cancellation fee is required with my cancellation and I forfeit the use of the fitness center thereafter.

After 12 months of continuous membership dues, the cancellation fee no longer applies.

If I chose to cancel, I abide by the terms of this contract and provide a minimum of 5 days' notice prior to the next payment draft in writing in order to cancel.

Cancellation requests can be submitted via email or in person. Completed cancellation form required.

I have read and understand the cancellation rights and billing policies on this contract.

Participant's Signature

Date MM/DD/YY



TERMS & CONDITIONS

I realize that by choosing a full year payment or monthly automatic payment option I have agreed to a specific membership with a specific price frame. I am aware that in order to cancel my membership at any time I need to complete a termination of membership agreement form. All memberships are assessed a \$75 cancellation fee if cancelled before the 12 month commitment has expired. There is no refund of the prior or current monthly payments; a cancellation of the future months' charges is allowed. Fees are not waived if member moves. I am also aware that if I cancel my membership or it is auto-cancelled, I am required to pay the \$75 cancellation fee and applicable enrollment fee to reactivate my membership after 30 days. All fees are subject to change without notice.

PROOF OF RESIDENCY

(Proof of Age Residency Required)

Individual Adult Members Adults (age 18+) and Senior Members (age 62+)

- Must provide 2 forms of proof including driver's license, state ID or utility bill.

Family Members

- All members must always maintain an active status. If at any time a member cancels then all members will be canceled or transferred to another membership. Family members must live at the same address and provide proof of residency. Households consist of a maximum of two members age 26 and older.

Youth Members (ages 14-17)

- Must provide 1 form of proof including a piece of mail from school, report card or transcript with address listing. All individual and additional memberships require a 12 month commitment. Fitness equipment orientation required.

AUTOMATIC PAYMENT

Automatic payment is the required payment method of all monthly memberships. Full year memberships can be paid with a check or credit card.

I have authorized the Carol Stream Park District to electronically collect monthly dues for a specific membership with a specific price on the first of the month indefinitely. I am aware that my membership remains active unless cancelled. The automatic payment monthly withdrawals only cease if one of the following conditions is met: (a) an alternative payment method is sought, (b) the fitness membership is cancelled, (c) Carol Stream Park District chooses to revoke the payment option or (d) my membership is placed on temporary hold due to illness or injury with a required doctor's note. The fees associated with this membership can change with a 30 day notice from the Carol Stream Park District. I must provide written notice of any changes to my bank account or credit card with 5 business days prior to my next draft. Monthly fees are not prorated.

MEMBERSHIP USAGE

Members must scan in at the front desk upon arrival and at the fitness studios before classes. Memberships are not transferrable and may not under any circumstance be shared. Violations result in a suspension of membership (*without credit or refund*) and \$50 fine. Upon payment of the fine, membership privileges are reinstated. Repeated membership abuse may be subject to termination of membership.

PREVENTATIVE MAINTENANCE

As part of our annual preventative maintenance program Fountain View Fitness may close for up to one week. The closure period is figured into the membership fee schedule; therefore no adjustments are made to memberships for closures less than the scheduled one week.

MEMBERSHIP CARDS

After the first replacement card, there is a \$5 fee for future cards.

Get the App

Use your phone as your membership card.



The Carol Stream Park District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Carol Stream Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participant's safety. However, participants and parents/guardians of minors registering for this program must recognize that there is an inherent risk of injury when choosing to participate in recreational activities/programs. You are solely responsible for determining if you or your minor child/ward are physically fit and/or adequately skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, suffers from an underlying medical condition, takes medication, smokes cigarettes, has a family history of coronary disease, or has recently suffered an illness, injury or impairment, to consult a physician before undertaking any fitness center activity.

WARNING OF RISK

Aerobic and other fitness activities such as passive/resistive weight training, use of stair machines, jogging, free weights and other training devices are intended to challenge and engage the physical, mental and emotional resources of the participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury. All hazards and dangers cannot be foreseen. Depending on the particular activity, certain risks, dangers and injuries due to overexertion, improper technique, ignoring safety precautions, failing to follow instructions, slips and falls, unfamiliarity with the equipment and/or exercise, equipment failure, failure in supervision/instruction, premises defects and other risks inherent to the particular activity exist. In this regard, it is impossible for the Carol Stream Park District to guarantee absolute safety. Dependent upon a person's physical condition, age and/or skill level, aerobics and fitness activities can involve a substantial risk of the following types of injuries. This list is by no means complete but includes some of the more common ones:

1. Heart attack, stroke and circulatory problems
2. Bone and joint injuries
3. Back and neck injuries
4. Shin splints
5. Muscle strain and other muscle injuries
6. Foot problems

WAIVER & RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Read this form carefully and be aware that in signing up and participating in this program/activity, you are expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program/activity (including transportation services and vehicle operations, when provided). I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (*or accrue to me or my child/ward*) as a result of participating in this program/activity against the Carol Stream Park District, including its officials, agents, volunteers and employees.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering online, my online signature shall substitute for and have the same legal effect as an original form signature.

Participant's Name PRINT

Participant's Signature

Date MM/DD/YY

FOR CHILDREN UNDER 18

Parent/Guardian Name PRINT

Parent/Guardian Signature

Date MM/DD/YY