



FITNESS CENTER
 2502 23RD AVE.
 CENTRAL CITY, NE 68826
 308-946-2974

Office Use Only:

Member Referral: _____
 (Current Member Name)

Member Phone #: _____

Received Incentive FA

SOF O/C ACH

MEMBERSHIP CATEGORIES:

- Student:** Any individual 18 years of age or younger
- Adult:** Any individual 19 years of age or older
- Adult +1:** Any individual 19 years of age and older plus one additional dependent person in the **same household**. (Spouse or child, who is either under 18 or a college student under 22.) Dependents must be on parent's tax return.
- Family:** Husband, and/or wife, & all dependent children under the age of 18 or undergraduate college students under age 22. **Dependents must be on parent's tax return.**

PAYMENT OPTIONS:

- Full Payment:** Pay in full at time of joining or renewing.
- Automatic Bank Draft (ABD):** Annual fee divided by 12 months plus a bank service charge added, automatically withdrawn from bank account each month. **To cancel your membership you must give written notification along with 15 days notice prior to the 20th of the month.** Please notify the Fitness Center of any account changes that may affect payment procedures.

ANNUAL MEMBERSHIP FEES:

	<u>Annual Fee</u>	<u>ABD Fee</u>
Student	\$212.00	\$19.00
Adult	\$296.00	\$26.50
Adult +1	\$430.00	\$37.00
Family	\$525.00	\$44.75

\$35.00 JOINER FEE ON ALL MEMBERSHIPS EXCEPT STUDENT MEMBERSHIPS

NAME: _____ MEMBERSHIP TYPE: NEW OR RENEWAL

AGE: _____ BIRTHDATE: _____ SEX: _____ STUDENT ADULT ADULT +1

ADDRESS: _____ FAMILY COLLEGE

CITY: _____ ST: _____ ZIP: _____ START DATE: _____

TELEPHONE: _____

CELL #: _____ WORK PHONE: _____

	<u>FIRST NAME</u>	<u>LAST NAME</u>	<u>AGE</u>	<u>BIRTHDATE</u>	<u>SEX</u>
SPOUSE:	_____	_____	_____	_____	_____
CHILD 1:	_____	_____	_____	_____	_____
CHILD 2:	_____	_____	_____	_____	_____
CHILD 3:	_____	_____	_____	_____	_____
CHILD 4:	_____	_____	_____	_____	_____
CHILD 5:	_____	_____	_____	_____	_____

PLEASE SIGN WAIVER ON BACK.

MERRICK COUNTY HEALTH AND FITNESS CENTER RELEASE FORM

I Hereby waive and release any and all rights and claims I may have against the **MERRICK COUNTY HEALTH AND FITNESS CENTER** and its Board of Directors or Employees for any, and all injuries which may be suffered by me or my child in connection with our present and future use of the **MERRICK COUNTY HEALTH AND FITNESS CENTER**. This Waiver is binding on my Heirs, Successors, and Administrators.

Authorized Signature

Date

THE FITNESS CENTER REVIEWS SEX OFFENDERS LISTS &/OR RESERVES THE RIGHT TO DO BACKGROUND CHECKS ON ITS MEMBERS

MERRICK COUNTY HEALTH & FITNESS CENTER BANK DRAFT AUTHORIZATION

I (we) authorize the Merrick County Health & Fitness Center to initiate debit entries to my (our) checking/savings account indicated below and the names below to post the same to such account on the 20th of each month.

Bank Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Monthly Amount withdrawn: _____ (Subject to change upon notification by company or association.)

Account Number: _____ Savings/Checking (circle one) Routing number: _____

Name as listed on the account _____

(Name)

(Address)

(Phone)

DISCLOSURE

This authority is to remain in full force and effect until company has received written notification from me (or either of us), 15 days prior to termination and in such manner as to afford company a reasonable opportunity to act on it and in no event shall it be effective with respect to entries processed by the company prior to receipt of notice of termination.

I (we) further authorized the company in initiate such credit entries to said account as may be necessary to correct any erroneous debit entries previously initiated thereto. I (we) authorize the bank to accept and to credit or debit the amount of such entries to my (our) account. I (we) shall within fifteen calendar days following the date on which notice identifying such entry, stating that such entry was in error and requesting the bank to reverse the amount thereof to such account.

I (we) have the right to stop payment of any entry by notification to bank prior to posting to the account.

The undersigned hereby agrees that all entries initiated hereunder are to be governed in all respects by the Rules of the Mid-America Payment Exchange as now or hereafter in effect and agrees to be bound thereby.

Customer Name(s):

Authorized Signature

Date

PLEASE ATTACH VOIDED CHECK