



VILLAGE OF NEW MINAS

FITNESS MEMBERSHIP REGISTRATION FORM

NAME(S): _____

ADDRESS: _____

EMAIL ADDRESS: _____

HOME PHONE #: _____

WORK PHONE #: _____

CELL PHONE #: _____

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT PHONE#: _____

PLEASE STATE ANY MEDICATIONS: _____

*All fees are subject to Applicable Taxes

Monthly Single - \$35.00	
Yearly Single - \$200.00	
Monthly Couple - \$60.00	
Yearly Couple - \$250.00	
Monthly Family (3 or more – same household) - \$90.00	
Yearly Family (3 or more – same household) - \$350.00	

- ONLY CHILDREN AGED 13+ WITH FITNESS ROOM MEMBERSHIPS ARE PERMITTED IN THE FITNESS ROOM AND MUST BE ACCOMPANIED BY AN ADULT 19 +
- CASH, CHEQUE, DEBIT, CREDIT TO BE PAID AT THE VILLAGE OFFICE
- PLEASE MAKE CHEQUES PAYABLE TO: **VILLAGE OF NEW MINAS**

I, the undersigned, do hereby agree to allow the individual aforementioned to participate in the stated registered program, and I further agree to indemnify and hold the Village of New Minas harmless from and against any and all liability for any injury which may be suffered by the aforementioned individual arising out of or in any way connected with his/her participation in this activity. I further authorize the administration of any first aid steps that may be deemed necessary by qualified personnel. I also agree, as a participant of any paid or free event, class, activity or program to grant full permission to the Village of New Minas to use my name and any photographs, videos, motion pictures or recordings for any publicity and promotion purposes without obligation or liability to me. I verify that all the above information provided is true and accurate. I understand the Village has the right to cancel any program or membership at their discretion.

SIGNATURE: _____ DATE: _____