

VILLAGE OF NEW MINAS

FITNESS MEMBERSHIP REGISTRATION FORM

NAME(S):	EMERGENCY CONTACT NAME:
ADDRESS:	EMERGENCY CONTACT PHONE#: PLEASE STATE ANY MEDICATIONS:
ADDRESS.	FLEASE STATE ANT MEDICATIONS.
EMAIL ADDRESS: HOME PHONE #:	
WORK PHONE #:	
CELL PHONE #:	
*All foos are su	bject to Applicable Taxes
Monthly Single - \$30.00	bject to Applicable Taxes
Yearly Single - \$150.00	
Monthly Couple - \$50.00	
Yearly Couple - \$200.00	
Monthly Family	
(3 or more – same household) - \$75.00	
Yearly Family (3 or more – same household) - \$300.00	,
 ONLY CHILDREN AGED 13+ WITH FITNESS ROOM ACCOMPANIED BY AN ADULT 19 + CASH, CHEQUE, DEBIT, CREDIT TO BE PAID AT TH PLEASE MAKE CHEQUES PAYABLE TO: VILLAGE O 	
further agree to indemnify and hold the Village of New Minas may be suffered by the aforementioned individual arising out further authorize the administration of any first aid steps that participant of any paid or free event, class, activity or program and any photographs, videos, motion pictures or recordings for	prementioned to participate in the stated registered program, and I harmless from and against any and all liability for any injury which of or in any way connected with his/her participation in this activity. It may be deemed necessary by qualified personnel. I also agree, as a not o grant full permission to the Village of New Minas to use my name or any publicity and promotion purposes without obligation or liability and accurate. I understand the Village has the right to cancel any
SIGNATURE:	DATE: