

Cayce Tennis and Fitness Center at Otarre Pointe

Amt. Paid	_____
Cash	_____
Check #	_____
Staff Initials	_____

Last name: _____ Expiration Date: _____

Membership: (circle type): Family Individual Senior-Family Senior-Individual Combo Daily

	Member First Name	Birth Date	Age	Orientation	Relation	ID#
Main						
Member 1	_____	_____	____	_____	_____	_____
2	_____	_____	____	_____	_____	_____
3	_____	_____	____	_____	_____	_____
4	_____	_____	____	_____	_____	_____
5	_____	_____	____	_____	_____	_____

Medical Problems

Member 1	Member 2	Member 3	Member 4	Member 5
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Work Phone: _____ Spouse Work Phone: _____
 *Email Address: _____ Spouse Email _____
 Physician Name _____ Phone Number: _____
 Emergency Contact (name & relation) _____
 Emergency Contact Phone Number: _____

Fitness Center Orientation Checklist

____ Membership Card ____ Picture ____ Showers and Lockers ____ Cardio Theater

Cardiovascular Equipment

____ Elliptical ____ Treadmills ____ Bicycles

Cybex

____ Abdominals ____ Back Extension ____ Standing Calf ____ Leg Curl ____ Leg Extension ____ Leg Press
 ____ Shoulder Press ____ Chess Press ____ Row/Rear Delt ____ Lat. Pull Down ____ Arm Extension ____ Arm Curl
 ____ Cable Crossover

Free Weights

____ Dumbbells and Dumbbell benches

Main Member Signature	Date	Family Member Signature	Date
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Family Member Signature	Date	LCRAC Staff Signature	Date
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For Combo Memberships Only - Tennis Information: Please check all that interest you:

____ Group Lessons	____ Individual Lessons
____ Leagues	____ Tournaments
____ Socials	____ Mixers

Other Suggestions: _____

Please Read This Section

- The main member may add up to four individuals who are his/her **SPOUSE (must be legally married, no common law marriages), CHILD/CHILDREN, BROTHER, OR SISTER (no in laws) that live at the SAME ADDRESS**. The minimum age for membership is 15 years of age. Individual memberships purchased by those under the age of 18 require the signature of a parent or guardian. Children that are 25 years old or older must pay for their own membership fees regardless of living at the same address as their parents. Siblings that live at the same address and both siblings are 25 years old or older must pay for individual membership. If one sibling is 15-24 years old, they can join under their sibling. All add-on members expire with the main membership, not one year from the time the added membership where purchased.
- The Wellness Center is a **MEMBER ONLY** facility. There are no daily, trial, or guest memberships available.
- All members, regardless of prior weight lifting experience, must complete an orientation session. Orientation can be scheduled Monday through Friday with a maximum of two people per orientation.
- Membership cards are provided following orientation. A membership card is required for entrance into the Fitness Center. **Lost cards will be replaced at a cost of \$10 per card, charged to the member.**
- **Wellness Center rules MUST be obeyed. They are the following:**
 - Proper attire is required at all times. No sandals, flip-flops, or boots.
 - No cut-offs or blue jeans allowed.
 - No obscene language or inappropriate comments.
 - No obscene clothing.
 - No food.
 - No tobacco products.
 - No equipment or property abuse.
 - No dropping the weights.
 - No boom boxes (Walkmans are permitted)
 - Shirt and shoes required.

Anyone who abuses the equipment will be required to pay reimbursement for all damages. The procedure for those who disobey the Wellness Center rules is as follows:

First Offense: Verbal Warning
Second Offense: Written Warning
Third Offense: Membership revoked without refund

- All memberships are non-transferable and non-refundable.

I have read, understood, and agree to abide by the above-mentioned regulations and procedures. If this is a family membership, I shall make sure that all members of my family know, understand, and agree to abide by the above-mentioned regulations and procedures. I also assume all risk and hazards incidental to participation in the Wellness Center, and I/We do hereby waive, release, and agree to hold harmless to the Lexington County Recreation & Aging Commission, supervisors, instructors, and participants for claim and arising out of all injury to myself or any member of my family, except to the extent and amount covered by accident or liability insurance.

Signature _____

Date _____