

# MONTANA ATHLETIC CLUB MEMBERSHIP APPLICATION

NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SEND MAIL TO:  HOME  WORK

EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

IN CASE OF EMERGENCY:

CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

BILLING OPTIONS (check one):

CHECKING ACCOUNT  MONTHLY BILLING

CREDIT CARD # \_\_\_\_\_ EXP. \_\_\_\_\_

**FOR OFFICE USE ONLY**

MEMBER # \_\_\_\_\_

DATE \_\_\_\_\_

**TYPE OF MEMBERSHIP**

INDIVIDUAL

FAMILY

SENIOR

FLEX

STUDENT

OTHER

ANNUAL TOWELS YES \_\_\_\_\_

FEE \_\_\_\_\_

ANNUAL LOCKER YES \_\_\_\_\_

NUMBER \_\_\_\_\_

FEE \_\_\_\_\_

MISC. FEE \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

HOW PAID \_\_\_\_\_

**SECOND FAMILY MEMBER (on membership)**

NAME \_\_\_\_\_

BIRTHDATE \_\_\_\_\_

**ADDITIONAL FAMILY MEMBERS (on membership)**

NAME \_\_\_\_\_

BIRTHDATE \_\_\_\_\_

NAME \_\_\_\_\_

BIRTHDATE \_\_\_\_\_

NAME \_\_\_\_\_

BIRTHDATE \_\_\_\_\_

### Childrens Policy

Children under 14 must be accompanied by an adult at all times while in the Club (including the Jacuzzi, Steam Room and Sauna). We ask that you refrain from bringing children into the Club (except to Child Care) between 5-7pm Monday through Friday. Children taking lessons are an exception, but locker room use must be limited to changing only. Due to insurance regulations, children under 12 cannot be in the Weight Room. Children 12-14 must be accompanied by an adult.

INITIAL \_\_\_\_\_

Staff Notes:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Please turn over to complete application*

**MEMBERSHIP AGREEMENT:**

I hereby apply for membership in the Montana Athletic Club. I have been provided with a book of Club rules and regulations and agree to comply with and be bound by the rules and regulations set by the Club, as they now exist and as they hereafter from time to time be amended or supplemented. I also agree for my own protection to give written notice to the Club office should I decide to cancel my membership. I understand that dues are not based on attendance and that I am liable for all dues up to the time of written cancellation. I agree to give written notice 30 days prior to cancellation of membership.

To receive charging privileges at the Montana Athletic Club, I must present the MAC with an authorization number (i.e. VISA or MC) to protect the MAC against delinquent payments. Anyone over 60 days past due will be charged directly.

\_\_\_\_ Please use the card below      \_\_\_\_ Please use the card listed on the front

Card Type: Visa MC Discover      Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

I understand the above card will be charged for any delinquent payments, as set out above. Questions can be directed to Membership Billing at the MAC.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RELEASE OF LIABILITY:**

I have spoken with a Staff member and I understand the program purpose and benefits. I understand the potential risk of illness, injury, or aggravation of existing injuries or conditions. I consent to emergency treatment, including the administration of whatever medication deemed appropriate and/or necessary for my care in the event of injury or illness. I understand the performance of any exercise is my responsibility and NO EXERCISE IS MANDATORY. With this understanding, I release the Montana Athletic Club, its agents, employees and staff from any liability associated with my exercise program. I consent to the release of information concerning my involvement with this program. I also consent to the use of information gathered, as a result of my involvement with the program, for the scientific or statistical purpose so long as my identity remains confidential.

**I HAVE READ THE RELEASE INFORMATION AND FULLY UNDERSTAND THE CONTENTS.**

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

I, \_\_\_\_\_ am the parent or guardian of \_\_\_\_\_  
and execute this release on his or her behalf.

Dated \_\_\_\_\_ Signature \_\_\_\_\_