

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 _____

Staff Notes:

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 and children 12-17 must attend a Junior Weight Class prior to using the Weight Room.

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 _____