



**Western Sussex  
BOYS & GIRLS CLUB**



## Healthy Family Aquatic & Fitness Center Membership Application

Type of Membership: ( Please Circle One)		Senior(55+)		Family( <b>Same Household</b> )	
Youth (5-17)		Adult (18-54)		Senior Center Member? _____	
Membership Terms: (Please Circle One)		Worksite Wellness Member?		Yes      No	
Monthly Member		Employer:			

**Primary Member Information** (Please Print Legibly)

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Street Address: \_\_\_\_\_

Gender: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

**Secondary Membership Information (FAMILY MEMBERSHIP ONLY)**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Street Address: \_\_\_\_\_

Gender: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

**Other Family Members (FAMILY MEMBERSHIP ONLY)**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender: \_\_\_\_\_

**PLEASE COMPLETE BACK OF FORM**

# MEMBERSHIP TERMS AND CONDITIONS

## Membership Rates

Youth (5-17 Years of Age)

\$15p/month \$4 drop in

Adult (18 - 54 Years of Age)

\$25p/month \$6 drop in

Senior (55+ Years of Age)

\$20p/Month \$6 drop in

## Family Membership

(Household family members only no limit)

\$30 p/month

Pool Schedules Are Subject to Change. Please  
Check With Front Desk!

All schedules are subject to change at anytime.

Please confirm all times with the Weekly/Monthly schedules that are posted at the front desk and in the aquatic area. All members must abide by all facility rules. Non-Compliance with rules, regulation and instructions can result in termination of membership without refund.

I have read the completed application and verify that all information is correct to best of my knowledge. I have explained the facility rules and regulations to my children and spouse and understand the rules and regulations myself. I understand and am in agreement that the Boys & Girls Club will not be responsible for any accident/injury to the member while on the Boys & Girls Club premises or while engaged in any of its activities away from the Boys & Girls Club. I give my consent for photographs, Interviews, and press releases in which any member may be involved or appear in for Boys & Girls Club's use. I hereby grant the Boys & Girls Club permission to admit to the hospital for

emergency care myself (if incapable of doing so myself) and the members listed prior on this application. I grant permission to any hospital or medical facility selected by adult staff to carry out whatever treatment, surgery, or anesthesia that is deemed necessary by the physicians or the staff.

Any Member with medical needs or pertinent medical history please list below. It is encouraged to talk with a DOCTOR before participating in aquatic and physical activity.

NAME: \_\_\_\_\_

MEDICAL HISTORY: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME: \_\_\_\_\_

MEDICAL HISTORY: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Monthly Membership Payment Tracking

Jan	Feb	Mar	Apr	May	Jun
Jul	Aug	Sep	Oct	Nov	Dec

By signing this document I understand and agree to abide by all terms listed above.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Membership Expiration Date: \_\_\_\_\_