



Trial Membership Application

Name (Please Print) _____ Phone _____

Mailing Address _____
Street City State Zip

Permanent Address (if different) _____

Employer _____

Job Title _____

Date of Birth _____ Single _____ Married _____

List dependent children living at home that will accompany you:

Name	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____

Office Use Only
Trial Begins _____
Trial Ends _____
ID Confirmed (staff init) _____
Staff Signature _____

Waiver of liability
I understand that I am using this facility at my own risk and am solely responsible for any injury that I and my family sustain as a result of participation in any of the activities offered, and I agree to hold harmless Sports Center, Inc, its ownership, staff for any injuries sustained. I further agree to abide by all rules and regulations set forth by Sports Center.
Signature _____ Date _____

	Three Day Trial Membership Pass
Name _____	Date of Birth _____
Begin Date _____	Ending Date _____ Staff Initials _____
<i>Policies and Disclaimers: In town guests only. Must show proof of identity, residency and proof of age. Must be 18 years of age. Guests will be limited to one trial per year. Management reserves the right to suspend privileges at any time and for any reason.</i>	