

Fitness Membership

Memberships are non-refundable and non-transferable

BAY VILLAGE FITNESS ROOM at the COMMUNITY GYM REGISTRATION FORM

Must register In-Person to obtain membership!
Memberships are purchased at the Recreation Department or Community Gym

Address: _____ Bay Village, Ohio 44140

Home Phone: _____ Cell Phone: _____

Email: _____

Emergency Contact Information (please fill out completely):

Name: _____ Relationship: _____

Phone: _____ Email: _____

Member Names:

1. _____ Birth date: _____ - _____ - _____ Age _____

2. _____ Birth date: _____ - _____ - _____ Age _____

3. _____ Birth date: _____ - _____ - _____ Age _____

4. _____ Birth date: _____ - _____ - _____ Age _____

5. _____ Birth date: _____ - _____ - _____ Age _____

Hours of Operation

Monday-Friday 6:00am - 2:00pm

Saturday 9:00am-1:00pm

Sunday Closed

HOURS SUBJECT TO CHANGE

Deliver To:

Bay Village Recreation Department
303 Cahoon Road, Bay Village, OH 44140
OR
Community Gym Fitness Room
27725 Wolf Road, Bay Village, OH 44140

Waiver: By signing this form, the undersigned agrees, with the intent to be bound, to release and hold harmless the City of Bay Village, its officers, directors, agents, servants, employees, and insurers from any and all liabilities, claims and causes of action for any and all injuries to me or my children arising out of my or my child's participation, either active or passive, in any activity sponsored by the Recreation Department of Bay Village. Furthermore, this release bars all claims by the undersigned's children, heirs, assigns, executors, and administrators. In consideration for the execution of this release, the City of Bay Village agrees to allow participation in the activity for the signor or the signor's child. By signing this document I agree that the activity for which I participate involves risk of injury. I acknowledge this risk and hereby give up any and all legal rights I may have against the City of Bay Village, its officers, directors, agents, servants, and employees for injuries relating there from. I authorize the City of Bay Village to take and use without payment, photographs of me and/or my child during recreation programs/activities as needed for public relations purposes, marketing/advertising on the City Web Site or City Recreation Booklet.

Signature: _____ (Adult Member or Parent/Guardian for child under 18) Date: _____

Payment: (Please make checks payable to Bay Village Recreation Department)

Cash

Check
Ck# _____

Credit
4% Fee

Circle: VISA / MASTERCARD / DISCOVER

Name on Card: _____ Card # _____ Exp. Date: _____

Authorization Code: _____