

# Los Gatos Athletic Club Membership Application

I heard about the club from: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

### Check type of membership:

- |                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/> Single     | <input type="checkbox"/> Senior Single |
| <input type="checkbox"/> Student    | <input type="checkbox"/> Senior Couple |
| <input type="checkbox"/> Family 2-4 | <input type="checkbox"/> Corporate     |
| <input type="checkbox"/> Family 5+  | Corp. Name _____                       |

### Additional Members

Name _____	DOB _____	Name _____	DOB _____
Name _____	DOB _____	Name _____	DOB _____
Name _____	DOB _____	Name _____	DOB _____

### Emergency Medical Information

Person to call in case of emergency: Name \_\_\_\_\_ Phone \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Note allergies or important medical information on any member: \_\_\_\_\_

### Agreement and Authorization

If the person to call above cannot be reached, the Club has permission to use any emergency measure it considers advisable. In the event that any member named on this card becomes ill or sustains an injury in the care of or under the supervision of the Los Gatos Athletic Club, any of its employees or teachers, the Club is given permission to administer first aid for his/her relief. If it is not practical to return him/her to us, or to receive instructions for care, consent is hereby given to admit him/her to any hospital. Consent is also given to any licensed physician and/or surgeon called, or to whom our child is taken for treatment by them to administer such treatment, drugs, medicines, and to perform such surgical procedures as he/she shall think the existing emergency requires for the relief of pain and to preserve his/her life and health. Authorization is also given to reimburse the Los Gatos Athletic Club for any expenses incurred in the care of my child should any type of medical treatment become necessary. This would include hospitals, doctors, ambulances, and so forth.

This membership may be cancelled with 30 days written notice by mailing to the Club requesting that the membership be cancelled and forfeiting all membership cards. The member shall have no further obligation to the Club after written cancellation. The Club reserves the right to terminate any person's membership whose dues become delinquent or any person who, in the judgment of the management, behaves in a manner unbecoming to the atmosphere of the Club.

### Liability Waiver

Members acknowledge that there are risks and hazards inherent in participation in activities and in entering, exiting and moving around the facilities of the Los Gatos Athletic Club. Los Gatos Athletic Club requires a "Health Risk Analysis" evaluation by one of our fitness professional staff and an "Orientation to facilities and equipment" session. This assures that they are educated about the facilities, access and egress and proper equipment usage. In addition, they have been deemed physically able to begin an exercise program or participate in the activities and programs offered by the Club. The members voluntarily release, discharge, waive and relinquish any and all actions or causes of action for personal injury or wrongful death arising out of any activity of any nature associated with their participation and membership at Los Gatos Athletic Club.

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

### LGAC Use Only

Membership # \_\_\_\_\_

### Amounts Paid:

Initiation Fee \_\_\_\_\_

First Month's Dues \_\_\_\_\_

Last Month's Dues \_\_\_\_\_

Total Paid \_\_\_\_\_

Balance Due \_\_\_\_\_

Employee \_\_\_\_\_

Date \_\_\_\_\_

Cash \_\_\_ Check \_\_\_ Card \_\_\_