

# S.C.A.N. EDUCATION & ACTIVITY CENTER

## Membership Form

(Membership is for families up to 2 adults living in the household and all children they are guardians of)

### 1. MEMBERSHIP DETAILS

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Membership Type: \$25/month (family membership) Annual \_\_\_\_\_ OR

Discounted Membership: \$20 (grand opening discount) 6 month \_\_\_\_\_

### 2. MEMBER DETAILS (Renewing members complete if details have changed)

Family Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_ Would you like to be on our mailing list Y N

Adult 1 Name: \_\_\_\_\_ M F

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Adult 2 Name: \_\_\_\_\_ M F

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child 1 Name: \_\_\_\_\_ M F

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Diagnosis: \_\_\_\_\_

\_\_\_\_\_

Child 2 Name: \_\_\_\_\_ M F

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Diagnosis: \_\_\_\_\_

\_\_\_\_\_

Child 3 Name: \_\_\_\_\_ M F

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Diagnosis: \_\_\_\_\_

\_\_\_\_\_

(If additional spaces are needed please see attached forms)

3. MEMBERS DECLARATION & PAYMENT DETAILS

Before signing this document, I have read, understand and hereby agree to the terms and conditions of membership as defined in Section 4 of this membership form and know that it affects my legal rights. I agree to pay the following each month until I cancel my membership. The Monthly Gym Membership Fee of \$\_\_\_\_\_ will be due by the \_\_\_\_\_(today’s date) of each month.

NOTE: If payment is late more than 10 days there will be a \$2.00 late fee. If payment is declined, there will be a \$20 fee applied to your account. If payment is declined more than 2 times we will require all future payments in cash.

4. MEMBERSHIP TERMS & CONDITIONS—WAIVER & RELEASE

Acknowledgement of Risks, Injury & Obligations

I acknowledge that the activity I am to undertake is a dangerous activity and that by participating in it I am exposed to certain risks. I acknowledge and understand that whilst participating in such activity:

- I may be injured, physically or mentally, or may die;
- My personal property may be lost or damaged;
- Other persons participating in such activity may cause me injury or may damage my property;
- I may cause injury to other persons or damage their property
- The conditions in which the activity is conducted may vary without warning

Release and Indemnity

I participate in the activity at my sole risk and responsibility. I release, indemnify and hold harmless S.C.A.N. Inc, its servants and agents, from and against all and any actions or claims which may be made by me or on my behalf or by other parties for or in respect of or arising out of any injury, loss, damage or death caused to me or my property whether by negligence, breach of contract or in any way whatsoever.

Administration

- Appropriate covered footwear & a shirt must be worn at all times while in the facility.
- **Memberships are not refundable or transferable. A \$75 fee will occur if the contract is broken before the end of the designated term.**
- Membership cards must be carried and shown upon request.
- Shared gym access with a non-member will result in forfeiture of membership effective immediately.
- Each member must respect other members and behave in appropriate manner at all times.
- S.C.A.N. staff reserves the right to rescind the rights of members not complying with the terms and conditions of membership.
- Anyone under the age of 16 must be accompanied by an adult at all times without prior written consent of Director.

I have read and agree with all of the above and understand that the above applies to all S.C.A.N. sponsored activities and **EVERYONE on this form relinquishes S.C.A.N. from all liabilities.**

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

ADDITIONAL CHILDREN:

Child 4 Name: \_\_\_\_\_ M F  
Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Diagnosis: \_\_\_\_\_  
\_\_\_\_\_

Child 5 Name: \_\_\_\_\_ M F  
Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Diagnosis: \_\_\_\_\_  
\_\_\_\_\_

Child 6 Name: \_\_\_\_\_ M F  
Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Diagnosis: \_\_\_\_\_  
\_\_\_\_\_

Child 7 Name: \_\_\_\_\_ M F  
Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Diagnosis: \_\_\_\_\_  
\_\_\_\_\_

Child 8 Name: \_\_\_\_\_ M F  
Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Diagnosis: \_\_\_\_\_  
\_\_\_\_\_

Child 9 Name: \_\_\_\_\_ M F  
Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Diagnosis: \_\_\_\_\_  
\_\_\_\_\_