



Walker Area Community Center Gym Registration

105 Tower Avenue, Walker, MN 56484 - (218) 547-1853 - wacc@arvig.net

www.walkerareacommunitycenter.com

For Staff Use				
	Month	3-Month	6-Month	12-Month
14-17	45.00	120.00	210.00	380.00
Individual	50.00	135.00	257.00	512.00
Couple	75.00	198.00	317.00	712.00
Senior	50.00	120.00	225.00	452.00
Sr. Couple	75.00	145.00	253.00	481.00
Add'l Family \$15.00/month				

Applicant Name _____	Date of Birth _____
Address _____	City, State, Zip Code _____
Primary Phone _____	Email Address _____
Emergency Contact _____	Phone _____
Card Number _____	OnePass Code _____

List Additional Family Members

Printed Name	Age	Date of Birth	Card Number

Start Date
Length
Expiration Date
Renewal Letter

- Memberships are nontransferable. Do not risk losing your membership by allowing others to use your card/fob. ALL members must check in using their card each visit, **NO EXCEPTIONS**. Members will be charge \$10.00 for card replacement.
- Children under the age of 14 are not allowed in the fitness center at any time. Children under 10 must be accompanied by a parent or legal guardian at all times. Children 10 - 13 can use the gym but parents or legal guardian must be in the fitness center working out. Parents must accompany children under 14 in locker room. **ADULTS AND CHILDREN WHO DO NOT FOLLOW THESE RULES WILL BE ASKED TO LEAVE.**
- Appropriate athletic shoes must be worn.
- **ABSOLUTELY NO FOOD OR GUM IS ALLOWED IN THE FITNESS CENTER/GYM.**
- Horseplay, fighting, offensive language and/or destruction will not be tolerated.
- All fitness equipment must be wiped down after each use.
- Reserving machines is not allowed.
- Fitness/Gym schedule is subject to change, check schedule on our website for changes to the schedule: www.walkerareacommunitycenter.com
- The Walker Area Community Center is not responsible for any lost or stolen items.
- The Walker Area Community Center reserves the right to photography or video for publicity.

Statement of Waiver: I, for myself or as a parent or legal guardian hereby assume all risk and hazard incidental to the conduction of this activity. I release, above and indemnify the Walker Area Community Center, its board members, its volunteers I risk and hazard associated with this activity. In the event of injury, and its staff from all I do expressly waive all claims. I understand no insurance coverage is provided by the Walker Area Community Center. I further give permission for proper emergency care to be rendered to myself or child should I not be able to give such permission.

Applicant Signature _____	Date _____
Applicant Signature _____	Date _____
Parent/Guardian Signature (if under 18 years of Age) _____	Date _____