



## Membership Application

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (W) \_\_\_\_\_

(H) \_\_\_\_\_

Mobile \_\_\_\_\_

Email \_\_\_\_\_

DOB \_\_\_\_\_ Age \_\_\_\_\_ M/F \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Emergency Phone # \_\_\_\_\_

## Payment

Current Member YES / NO

Amount Due \$ \_\_\_\_\_

Amount Paid \$ \_\_\_\_\_

Date Paid \_\_\_\_\_

Type of payment: Credit

Check

Cash

### I want to

Make my own Team  Preferred times Early AM  Mid-day  Evening

Join a Team  Preferred Coach \_\_\_\_\_

### Applicant's Declaration

I declare that:

- It is understood and agreed that the undersigned shall not bring or be brought into any action due to personal injury or property that might result to the from the undersigned's participation at the Wilton P. Hebert Health & Wellness Center.
- I consent to photos or videos being taken for HWC marketing purposes.
- I understand that I will exercise at my own risk and that neither the HWC, my Trainer, TRIBE Team Training Limited, nor its Agents are liable for any injury or illness. I confirm to the best of my knowledge I do not have any injuries or medical conditions, which make it dangerous for me to exercise.
- I understand that my TribeFIT™ program is paid on a pre-pay basis and is non-refundable.
- I understand that the results of my fitness programme cannot be guaranteed and my progress depends on my effort and cooperation in and outside of the sessions. In particular I acknowledge that individual results may vary, and that no particular results are guaranteed by either the HWC, or my Trainer.
- I understand that my Team Training sessions are held at pre-determined times, and will make my best effort to attend these sessions. I understand that any required *re-scheduling* of Team Training sessions (e.g. owing to statutory holidays or unforeseen events) will be as per the Team vote, and will not result in any additional sessions for individual team members. I understand that my Club, The HWC and my Team Trainer will make every effort to make re-scheduling convenient for all members, should this be required.
- I understand that my inability to attend a Training session will not result in a re-scheduling or refund of the Team Session.

Signed by Member \_\_\_\_\_

Date: \_\_\_\_\_

Signed by Club Rep \_\_\_\_\_

Date: \_\_\_\_\_