2020 Shelter Island Project FIT Membership Application and Release

PRIMARY MEMBER

Last Name	First Name	D.O.B	Male/Female

Street Address	City	State	Zip

Email Address (☐ opt out of bulk emails)	Home Phone	Cell

Emergency Contact, Name	Relationship	Phone Number

- For Family Memberships ONLY: A family membership consist of up to **two (2)** adult members. A child living in the household and is between the age of 14 and 24, can be included in the family membership.

- Youth Membership is between the ages of 14-17

- For volunteer EMT/Fire, Active Military and College Students ONLY: Proof of ID will be asked when submitting application.

Additional Members (Family Membership Only)

Legal Name (please indicate if different last name) D.O.B. M/F
1.
2.
3.

Membership Type

____ Single Fitness Room ($260)

____ Family Fitness Room ($395)

____ FT College Student ($100)

____ Volunteer EMT/Fire and Active Military ($175)

____ Youth Membership ($50)

Rates subject to change when dictated by both the Town and the School Boards. Please make checks payable to TOWN OF SHELTER ISLAND.

All memberships valid for one year from the date of application.

*Please note there is a $2 fee for replacement gym card if you lose your card

Emily Kraus—FIT Manager

631-749-0978

FITManager@shelterislandtown.us

For Internal Use:

Form of Payment:_____

Member ID #: _____ Renewal/New Member:_____ Check/Rcpt #:_____

2019 Shelter Island UFSD / Town of Shelter Island Liability Waiver and Release

Int.

____ 1. In consideration of being allowed to participate in the activities and programs of the F.I.T. Center and to use its equipment and machinery in addition to the payment of any fee or charge, I do hereby waive, release and forever discharge the Shelter Island Union Free School District and the Town of Shelter Island and its officers, agents, employees and representatives and all others from any and all responsibilities or liability from injuries or damages resulting from my participation in any activity or my use of any equipment or machinery in the above mentioned activities. I do hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability from any injury or damage to myself, including those caused by the negligent acts or omissions of any of those mentioned or others acting on their behalf or in any way arising out or connected with my participation in any activities of the F.I.T. Center or the use of any equipment at the center.

Int.

____ 2. I understand and am aware that strength, flexibility, and aerobic exercise, including the use of equipment, is a potentially hazardous activity. I also understand that fitness activities involve a risk of injury and even death, and that I am voluntarily participating in these activities in using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risk of injury or death.

Int.

____ 3. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation or use of equipment and machinery. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in any exercise/fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise and the use of equipment and training equipment so that I might have his/her recommendations concerning these fitness actives and equipment use. I acknowledge that I have either had a physical examination and have been given my physician's permission to participate, or that I have decided to participate in activities and use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation in activities, and utilization of equipment and machinery in my activities.

*All members must initial numbers 1-3

Date: _____

Primary Member Name (printed) :_____

Signature of Primary Member:: _____

Parent/Guardian Signature for Youth Membership: _____

Additional signature required for family membership.

1. Printed Name of Additional Participant: _____

   Signature of Additional Participant: _____

2. Printed Name of Additional Participant: _____

   Signature of Additional Participant: _____

3. Printed Name of Additional Participant: _____

   Signature of Additional Participant: _____