

The Mayor Ralph A. Infante Wellness Center

Membership Application

Membership # _____ Resident ___ Non Resident ___

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

PHONE: (home) _____

(work) _____ (cell) _____

MEMBERSHIP TYPE: _____

FAMILY MEMBERS NAMES/AGES/BIRTH DATES:

E-MAIL: _____

Membership Rules

All members are required to wear their membership badge on the outside of their clothes at all time while in the facility.

Members must swipe membership card each time they enter facility, even if doors are open for public events.

All members are required to report any incidents of destruction, disrespect, or illicit behavior to facility staff immediately.

No members under the age of 12 are permitted in the facility without adult accompaniment unless permitted by facility staff in registered programs.

Fitness room access is for ages 14 and above only, no exceptions Members must wipe off all fitness equipment after use.

Facility management has the right to revoke or suspend any membership for violations of above rules or any other act of disrespect towards facility or occupants. These are not the complete list of rules; please ask staff for more details. All fees are required to be paid up front and any bad checks will be recovered plus \$30.00. All fees are subject to change at any time without notice by The Wellness Center Advisory Board.

WAIVER & RELEASE

Applicant/Participant states that he/she is in good physical condition and possesses a satisfactory state of health and wellness, which will allow him/her to safely participate in activities at The Mayor Ralph A Infante Wellness Center. Further Applicant/Participant hereby assumes any and all risks of injury, accident, death or other damage, which may result from participating in any of the activities in which the Applicant/Participant becomes involved in at The Mayor Ralph A. Infante Wellness Center, weather caused by the acts of Applicant/Participant or caused by the acts of others using the facility.

Applicant/Participant, by the exclusion of his/her signature to this document, hereby waives and releases The Mayor Ralph A Infante Wellness Center/The City of Niles and any other agents, or employees from any and all claims, causes of action, suits and related rights for himself/herself, his/her estate, his/her heirs, administrators, executors, etc., for any and all injures, illness, and damages sustained as a result of participation at The Mayor Ralph A. Infante Wellness Center.

SIGNATURE: _____

PRINT NAME: _____

WITNESS: _____

PLACE OF EMPLOYMENT: _____

TODAY'S DATE: _____

EXPIRATION DATE: _____

SIGNATURE OF PARENT OR GUARDIAN:

CHECK# _____ CASH _____ MC _____ VISA _____

COST OF MEMBERSHIP: _____ **FEES PAID:** _____

MEMBERSHIP RATES

General Memberships - City Resident; \$10.00 1st year, \$5:00 subsequent year renewals W/O badge replacement. Outside City/Non-Resident rate; \$50.00(includes track access), senior (age 62) outside membership rate \$20.00

Fitness Membership - Resident rate; Individual- \$125.00, Family- \$200.00, Senior- \$100.00, Senior Couple-\$150.00. Outside City/Non-Resident rate; Individual - \$265.00, Family- \$475.00, Senior- \$225.00, Senior Couple- \$400.00

All Fitness memberships have unrestricted access to the Niles City Pool, Fitness room and 10% off all fitness programs. All memberships are annual and renewable on anniversary of initial membership.

Mail application along with payment to:

The Mayor Ralph A Infante
Wellness Center
213 Sharkey Dr
Niles ,Ohio
44446

Phone 330-553-6280 or email smacmillan@thecityofniles.com