



# FITNESS CLUB MEMBERSHIP AGREEMENT

Membership Start Date: \_\_\_\_\_

Member's First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Member's Spouse \_\_\_\_\_

\_\_\_\_\_ M F  
Date of Birth (Circle)

\_\_\_\_\_ M F  
Date of Birth (Circle)

\_\_\_\_\_ M F  
Mailing Address

\_\_\_\_\_ M F \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Child's Full Name Date of Birth

\_\_\_\_\_ M F \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
City State Zip Code

\_\_\_\_\_ M F \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Child's Full Name Date of Birth

\_\_\_\_\_ M F \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Home Telephone No. Date of Birth

\_\_\_\_\_ M F \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Child's Full Name Date of Birth

\_\_\_\_\_ M F \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Cell Number Date of Birth

Spouse's Cell Number: \_\_\_\_\_

SCHOOLS CHILDREN ATTEND:

\_\_\_\_\_

Member's Employer Information:

Spouse's Employer Information:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 1. Membership Types:

- Family** Husband, wife and dependent children.
- Individual** Individual 14 years of age or older. Parental consent required for individuals under 18 years of age.
- Senior** Age 65 and older

**2. Membership Term and Payment Schedule:**

- Month to Month** Member understands that this type of membership is considered to be on a month to month basis until Member or MSC cancels membership. Member has opted for this type of membership instead of a membership with a one year commitment, which is a less expensive option. **All requests for cancellation must be made in writing at least thirty (30) days in advance of the effective cancellation date.** Payments are due by the 10<sup>th</sup> of the month.
  
- Annual Contract** Beginning \_\_\_\_\_ 1, 20\_\_\_, I promise and agree to pay eleven (11) consecutive monthly installments for monthly dues in the amount of (\$20 monthly discount or \$240.00 savings yearly) \$\_\_\_\_\_, including sales tax. Payments are due by the 10<sup>th</sup> of the month. Cancellation prior to the completion of the 12-month terms will be considered if the undersigned has moved more than 30 miles (**with proof of move**) or if medical disability (**with medical excuse form**) prohibits the participation at MSC. If no written notice given, then this contract is automatically renewed. Remember, written notice of cancellation must be given in the last month of the 12 Month Agreement, if you do not intend to continue participating in the program.

**3. Registration Fee.** Upon execution of this agreement, I promise and agree to pay to MSC a registration fee of \$100.00, non-refundable, unless waived in promotion special.

**4. Waiver & Release of Liability:** Our complex provides swimming, soccer, flag football, baseball, sand beach volleyball, basketball, horseshoes, and walking track outside. Inside our facility provides cycling classes, weights, fitness equipment, boxing, self-defense classes, other physical exercise class offerings and fitness care areas.

All exercises, including the use of weights and use of any and all machinery, equipment, and apparatus designed for exercising shall be at the member's sole risk. Member understands that the agreement to use, or selections of exercise programs, methods and types of equipment shall be member's entire responsibility, and MSC shall not be liable to member for any claims, demands, injuries, damages, or actions arising due to injury to member's person or property arising out of or in connection with the use by member of the services, facilities and premises of MSC.

MSC urges you and all members to obtain a physical examination from a doctor before using any exercise equipment or participating in any exercise class.

Member hereby holds MSC, its officers, owners, agents and employees harmless from all claims which may be brought against them by member or on member's behalf for any such injuries or claims. Mandeville Sports Complex is not responsible for any liability arising out of babysitting activities.

Members are not allowed on the gymnastic floor, at any time, unless enrolled in a recreational class or a member of a team.

**5. Cancellation.** If by reason of death or permanent disability, the buyer is unable to continue the membership, buyer or buyer's estate shall be relieved from the obligations of this contract, and if buyer has prepaid any sum, that amount shall be promptly refunded. **Should member permanently move their residence more than 30 miles from the area, payment on this agreement shall be suspended upon payment of the appropriate cancellation fee equal to one month's dues and legitimate verification of the move.** Member agrees to follow club rules as promulgated from time to time. Violation of these rules may be the cause for suspension or cancellation of membership. Memberships that roll over to a month-to-month require a 30-day written notice to cancel.

**6. Default and Late Payment.** Should you default on any payment obligation as called for in this agreement, the entire remaining balance shall be deemed due and payable upon demand, and you agree to pay allowable interest, and all cost of collection, including but not limited to collection agency fees, court costs, and attorney fees. Should any monthly payment become more than 10 days past due, you will be charged a \$15.00 late fee to cover additional administrative expenses. A \$25.00 fee will be charged on all returned payments. Payments that are past due over sixty (60) days will be turned over to a collection agency. I also agree to pay any fees or expenses MSC incurs in collecting any balance due on my account, including attorney's fees, collection agency fees and cost of collection.

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Club Representative

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Member's Signature

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Parent/Guardian Signature (if under 18 years of age  
parent/guardian signature is required)

**ELECTRONIC FUNDS TRANSFER (EFT) AGREEMENT**

**Bank Draft or Credit Card Authorization**

I, \_\_\_\_\_ authorize my bank to make payments by the method indicated below and post it to my account. (\*Must attach cancelled check.)

**BANK DRAFT**

Type of Account:        \_\_\_\_\_ Checking        \_\_\_\_\_ Savings

\_\_\_\_\_  
Name on Account

\_\_\_\_\_  
Bank Name

\_\_\_\_\_  
Routing Number

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

**CREDIT CARD**

- Visa
- Master Card
- Discover
- American Express

\_\_\_\_\_  
Name As It Appears On Card

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Security Code

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date