

FSAC MEMBERSHIP APPLICATION

____ Individual Fitness

____ Family Fitness

____ Individual W/Tennis

____ Family W/Tennis

Name: (First) _____ (Last) _____ Birth Date _____

Street Address _____ City, State, Zip _____

Home Phone _____ Cell Phone _____

Email _____

Spouse's Name: (First) _____ (Last) _____ Birth Date _____

Email: _____

Children: (Name) _____ Date of Birth: _____

CONSENT

I, _____ acknowledge that I/we will be participating in the Fort Smith Athletic Club (FSAC) membership program. I understand that I may be performing exercises and undergoing moderately strenuous physical activities for the purpose of promoting my general well being and health. Although the program and instructions I am agreeing to follow are designed to minimize such undertaking, the possibility exists that I could be injured by physical contact, strain or sprain, with resulting damage to bones, joints, ligaments or muscles. Should any such death, injury, or damage occur, I will not hold FSAC responsible, nor will I hold liable the facility in which said event occurred.

I acknowledge and understand that FSAC, in the event of a perceived emergency, has the right to call for medical assistance or send me to the emergency room for evaluation.

I understand that members and guests who bring children to the facility accept full responsibility for the safety and well being of their children and agree to maintain control and discipline over their children while they are on FSAC property.

With such understanding, I wish to participate in programs offered at Fort Smith Athletic Club and agree to abide by the rules of conduct of the facility.

Signature _____

Date _____

FOR OFFICE USE ONLY

Join Date _____

Account # _____

Member Scan Code _____

TERMS OF MEMBERSHIP AGREEMENT

I agree to pay a monthly membership fee under the plan indicated below and to pay all dues, fees and charges incurred by me and all authorized family members or guests.

I understand that all returned ACH's or checks for monthly dues will be assessed a \$25.00 fee.

Joining fees are not refundable. Memberships are non-proprietary and non-transferable.

This agreement represents the complete understanding between myself and FSAC. No representation, written or oral, other than those contained within this agreement are authorized by or binding by FSAC.

This agreement may be cancelled, by me, within three (3) business days of signature by written notice. All monies paid pursuant to this agreement shall be refunded within thirty (30) days of receipt of notice of cancellation; provided, however, FSAC may retain the benefits conferred and that portion of the total price representing the services used or completed and further, provided, that FSAC may receive the reasonable cost of goods and services which I have consumed or wish to retain after cancellation.

I understand that I may terminate my membership, at any time, by notifying FSAC, in writing, thirty (30) days prior to the next billing cycle.

Monthly dues entitle the member to use the facilities within the scope of the type of membership selected. The member is obligated to pay monthly dues regardless of whether or not the member actually uses the facility.

Members may bring guests only in accordance with FSAC rules and regulations. Members shall be responsible for the conduct of their guests and the payment of any charges incurred by those guests.

FSAC management reserves the right to suspend or cancel the rights, privileges, or membership of any member whose actions are detrimental to the enjoyment of the facilities by other members.

Management may, from time to time, change the rules and regulations governing the operations of FSAC. Notice of these changes will be made available to members through normal means of communication.

If a member has a change in health status, which significantly affects his or her ability and /or increases their health risk, it is the member's responsibility to notify FSAC management in writing.

CANCELLATION POLICY: I understand that I may terminate my membership, at any time, by notifying FSAC, in writing, thirty (30) days prior to the next billing cycle. **Initial** _____

Membership dues will be paid as follows:

Joining Fee _____ **Tax** _____ **Total** _____ **Paid By** _____

Monthly Dues _____ **Tax** _____ **Total** _____

_____ **Monthly Bank Draft**

Bank Name _____ **Routing #** _____ **Acct #** _____

_____ **Visa/Mastercard/Discover #** _____ **Exp** _____