



CITY OF SOUTH MIAMI
PARKS AND RECREATION DEPARTMENT
EMPLOYEE FITNESS CENTER MEMBERSHIP REGISTRATION FORM

No. _____

COMMUNITY CENTER
 (305) 668-7232

5800 SW 66 Street
 South Miami, FL 33143

BY COMPLETING AND SIGNING THIS FORM, THE APPLICANT AND ALL INCLUDED FAMILY MEMBERS AGREE TO ABIDE BY ALL CITY AND DEPARTMENTAL RULES AND REGULATIONS, AND FURTHER AGREE TO INDEMNIFY AND HOLD THE CITY HARMLESS WITH REGARDS TO ANY INJURIES RECEIVED AS A RESULT OF THE USE OF CITY OF SOUTH MIAMI FACILITIES AND/OR EQUIPMENT.

Name: _____ D.O.B.: _____ Age: _____
 (Last) (First)

Address: _____ City: _____, FL Zip Code: _____

Telephone: (Home) _____ (Work) _____ (Other) _____

Medical Conditions/Allergies: _____

Emergency Contact(s): _____
 (Names and Phone Numbers)

<p>CITY OF SOUTH MIAMI EMPLOYEE FITNESS CENTER MEMBERSHIP</p> <p align="right">\$100.00</p> <p>I authorize the City of South Miami to deduct \$3.85 per pay period from my paycheck for payment of my membership fee.</p> <p>_____ Signature _____ Date</p>	<p>PAYMENT INFORMATION</p> <table border="1"> <tr> <td>Amt. Paid</td> <td></td> </tr> <tr> <td>Check #/Cash</td> <td></td> </tr> <tr> <td>Rec'd. By</td> <td></td> </tr> <tr> <td>Date</td> <td></td> </tr> <tr> <td>Balance Due</td> <td></td> </tr> </table>	Amt. Paid		Check #/Cash		Rec'd. By		Date		Balance Due	
Amt. Paid											
Check #/Cash											
Rec'd. By											
Date											
Balance Due											

GENERAL AGREEMENT / RELEASE

In consideration for the City of South Miami Parks and Recreation Department providing membership privileges,

I, _____, do hereby:
 (print name)

- 1) Assume all risk of possible damage or injury through the use of City of South Miami recreational facilities.
- 2) Agree to compensate the City of South Miami for any repair and/or replacement costs for damages to the facility or equipment as a result of my misuse of equipment.
- 3) Agree to indemnify and hold harmless the City of South Miami and/or its departments, agents or employees from any liability arising out of my use of City of South Miami facilities and/or equipment.
- 4) Understand and agree to abide by all applicable rules and regulations. I further understand that I may be asked to leave the premises and may face suspension or termination of membership if I fail to abide by these rules and regulations or any other reasonable request from City of South Miami staff.
- 5) Certify that the participant named herein is in normal health. I understand that the City of South Miami only carries secondary health insurance and that my insurance bears primary responsibility for any illness or injury that occurs as a result of participation in this activity. I further give my permission for emergency medical treatment to be administered when necessary. I agree I am financially responsible for any such treatment.

Signature: _____ Date: _____

Parks & Recreation Official: _____ Title: _____ Date: _____