



City Of Pembroke Pines Parks and Recreation Department

TOWNGATE WORKOUT CENTER MEMBERSHIP APPLICATION

Membership Number

Date: _____ 20 _____

Renewal Application
 New Application

Proof of Residency

(Print Clearly)

Last Name	First Name	Spouse Name
Local Address		Apt. #
City	State	Zip
		Phone No.
Dependents - List only those to be included in the Membership		
Name	Age	Date of Birth

TOWNGATE FITNESS CENTER

**901 N.W. 155th AVENUE
(954) 450-6895**

- APPLICATION FOR MEMBERSHIP -

ONE YEAR MEMBERSHIP	RESIDENT Yearly	NON-RESIDENT Yearly	Amount
<input type="checkbox"/> Family Membership (includes 2 dependents ages 15 - 17)	\$144	\$288	_____
<input type="checkbox"/> Additional Dependents (ages 15 - 17)	\$42	\$84	_____
<input type="checkbox"/> Individual Membership (18 & over)	\$84	\$168	_____
<input type="checkbox"/> Senior Citizen Individual (60 & over)	\$54	\$108	_____
<input type="checkbox"/> Senior Citizen Husband & Wife (60 & over)	\$84	\$168	_____
<input type="checkbox"/> Daily (single)	\$6	\$12	_____

TOTAL: \$ _____

Payment in full must accompany all applications. Memberships are non-transferable and non-refundable. Please make checks payable to: City of Pembroke Pines. By my signature below, I understand and will comply with the workout center rules and certify the above information is correct. The City of Pembroke Pines Parks and Recreation Department reserves the right to suspend or terminate any member who does not comply with the workout center rules and regulations.

WAIVER FOR MINORS: READ CAREFULLY BEFORE SIGNING

As the parent and legal guardian of the above named minor, I give permission for my child to participate in the workout center which I acknowledge is an unsupervised facility. In consideration of the City of Pembroke Pines allowing me to participate in this activity, I do hereby agree to indemnify and hold harmless the city of Pembroke Pines, its elected and appointed officials, agents, servants, and employees from and against any and all claims, demands, or causes of action of whatsoever kind, and for any resulting losses, costs, damages, liabilities, expenses, and attorney's fees arising out of my participation in this activity.

WAIVER FOR ADULTS: READ CAREFULLY BEFORE SIGNING

I am hereby requesting to participate in the workout center which I acknowledge is an unsupervised facility. In consideration of the City of Pembroke Pines allowing me to participate in this activity, I do hereby agree to indemnify and hold harmless the City of Pembroke Pines allowing me to participate in this activity, its elected and appointed officials, agents, servants, and employees from and against any and all claims, demands, or causes of action of whatsoever kind, and for any resulting losses, costs, damages, liabilities, expenses, and attorney's fees arising out of my participation in this activity.

MEMBER'S SIGNATURE _____ DATE _____
** Applicants please retain pink copy for your own records

FOR OFFICE USE ONLY

Membership #: _____ Date: _____ Check: _____ Cash: _____ Employee Initials _____