



Port Byron School District
Fitness Center
Family Membership Application

Member Information:

Member #1

Last Name	First Name	Middle Initial
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Gender: M F	Age: _____
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Address	City	State	Zip
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Home Phone	Work Phone	Cell Phone
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Email

Employer	Address	Occupation
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Emergency Contact	Phone #	Alt. Phone #
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Member #2

Last Name	First Name	Middle Initial
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Gender: M F	Age: _____
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Address	City	State	Zip
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Home Phone	Work Phone	Cell Phone
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Email

Employer	Address	Occupation
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Emergency Contact	Phone #	Alt. Phone #
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Member #3

Last Name	First Name	Middle Initial
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Gender: M F	Age: _____
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Address	City	State	Zip
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Home Phone	Work Phone	Cell Phone
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Email

Employer	Address	Occupation
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Emergency Contact	Phone #	Alt. Phone #
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Member #4

Last Name	First Name	Middle Initial
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Gender: M F	Age: _____
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Address	City	State	Zip
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Home Phone	Work Phone	Cell Phone
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Email

Employer	Address	Occupation
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Emergency Contact	Phone #	Alt. Phone #
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Member #5

Last Name	First Name	Middle Initial
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Gender: M F	Age: _____
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Address	City	State	Zip
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Home Phone	Work Phone	Cell Phone
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Email

Employer

Address

Occupation

Emergency Contact

Phone #

Alt. Phone #

I have reviewed and fully understand the Fitness Center information provided to me including expected member conduct, hours of operation, membership eligibility and fee and payment information. I accept the terms and conditions of membership in the fitness center.

Signature

Date

Signature

Date

Signature

Date

Signature

Date

Signature

Date

For Office Use Only

Category _____ (Staff or Resident)

Beginning Date: _____

Ending Date: _____

Payment:

Fees Received: _____

Cash: _____ Received By: _____ Date: _____

Check #: _____ Received By: _____ Date: _____

ALL FEES MUST BE PAID IN FULL PRIOR TO FACILITY USE



Port Byron Central School Fitness Center

30 Maple Ave, Port Byron N.Y. 13140

315-776-5728 Ext. 1316

Fitness Center Conduct

The Port Byron School District expects that the conduct of members of our fitness center will be in accordance with school district codes of conduct and other general rules that apply to such a setting. Those utilizing the center will adhere to the following:

- Wear appropriate attire including shorts or sweatpants and a top that covers the upper body entirely. Closed toe sneakers are also required. Members should dress in a modest fashion appropriate for the school setting refraining from excessively tight and revealing apparel. Bring dedicated shoes to the facility; street shoes are not to be worn in the facility
- No Swearing!
- Wipe down machines after each use.
- Do not rest on equipment as others may be waiting.
- Do not drop weights on the floor.
- Return weights to proper location when finished using them.
- Park only in designated parking spaces, parking in the bus loop will result in your car being towed.
- Younger children are not to accompany members to the school or to the center. It is not practical to expect others to supervise your children in either the center or surrounding hallways.
- It is not the responsibility of the center to keep track of member's personal items, leave such items in your vehicle.
- Members have no access to locker rooms for their use. They may use the two full bathrooms in the facility.
- Please remove wet or muddy footwear prior to entering the fitness center or using any of the equipment.

By signing below I agree to comply with the rules and policies of the Port Byron Fitness Center, understanding that my failure to comply may result in disciplinary actions leading up to, and possibly termination of my membership.

Name: _____

Date: _____

Thank You,

Corey J. Rooker

Fitness Center Manager

crooker@pbschools.org

WAIVER AND RELEASE OF LIABILITY

I am aware and understand that competing in or practicing in any athletic activity can be dangerous and involve risk of injury. I understand that the dangers and risks of competing in or practicing athletic activities include, but are not limited to, neck and spinal injuries, which may result in partial or complete paralysis; brain damage; injury to virtually all bones joints, ligaments, muscles, tendons and other aspects of the muscular-skeletal system; injury or impairment to present or future abilities to earn a living, to engage in business, social and recreational activities, and generally, to enjoy life. Participation in athletic activity also carries with it risk of death. I recognize the importance of following instructions regarding the use of equipment and other rules that may be given, and agree to obey any such rules.

I hereby assume all of the risks while participating in any athletic event, or any risk inherent in the use of the Port Byron Central School District Fitness Center (the "Fitness Center"). In consideration of my permission to use, or my use of, the Fitness Center, I hereby release and discharge the Port Byron Central School District, its employees, agents, servants, volunteers, and board members, representatives, successors and assigns, from any and all claims, liability, damages and/or actions arising out of or related to my use of the Fitness Center. This waiver and release of liability includes, without limitation, personal injuries and/or death which may occur as the result of: 1) my use of any exercise equipment or facilities; 2) any improper maintenance of any exercise equipment or facilities; 3) any and all negligence including, without limitation, negligent instruction or supervision; 4) my slipping and falling while in the exercise facility or on the premises; 5) my use of equipment. I represent that I maintain my own insurance policies to cover any personal injuries to me or which I may cause to others while at the Fitness Center. I agree to deal directly with my own insurance carrier on any claim. If any injury is caused by any defect or faulty design of equipment, I agree to direct any claim against the manufacturer, seller and/or provider of the equipment, holding the Port Byron Central School District, its employees, agents, servants, volunteers, and board members, representatives, successors and assigns, harmless, and I further agree to subrogate my rights to the Port Byron Central School District. I understand that the Port Byron Central School District, or its appointed representative(s), in its sole discretion, may terminate my use of the Fitness Center.

The representations, waivers and releases made by me in this document shall bind me and my heirs, distributees, fiduciaries, executors, administrators, successors and assigns, forever.

By signing below, the Applicant and his/or Legal Guardian (if applicable) agree to the foregoing.

Name of Applicant

Signature of Applicant

Date

Name of Legal Guardian

Signature of Legal Guardian

Date