



Date _____

M/M or AnnCont.

PRIMARY MEMBER (Parent or guardian for applicants under 18 years)

Member name: _____ Birth date: _____ Age _____ Gender: M F

Home Mailing Address: _____ City: _____

State: _____ Zip: _____ Home phone number: _____

E-mail address: _____ Would you like to receive our newsletter via e-mail: Yes No

Employer: _____ Work number: _____

Emergency Contact (required): _____ Phone: _____
Other than in your household

Second family member: _____ DOB: _____ Age _____ Gender : M F

Additional family member: _____ DOB: _____ Age _____ Gender : M F

Additional family member: _____ DOB: _____ Age _____ Gender : M F

Additional family member: _____ DOB: _____ Age _____ Gender : M F

(Please list all children)

Membership Notes: (to be completed by Staff only)

Membership Acknowledgement

Member conduct and right to use the facility: Applicant agrees to abide by all standards of The Wave and understands that failure to act in accordance with these may result in expulsion from The Wave and revocation of membership. **Initials** ____

Monthly Dues: Dues are due and payable on the first of every Month; please refer to the Payment Option Form for payment options. Monthly dues entitles the Member to use the Wave’s 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 Wave’s facilities. **Initials** ____

Guests: Members may bring guests only in accordance with the Wave’s rules, regulation and fees. Members shall be responsible for the conduct of their guests and the payment of all charges incurred by those guests. **Initials** ____

Please turn over to complete registration

Travel Hold Policy

Your membership may be placed on hold with a request in writing 10 days prior to the 1st of the month. The hold period is a minimum of two months and a maximum of 12 months following these specifications:

1. You must be **out of town** for the duration of the hold period.
2. The dues hold fee will be \$10 per membership per month. Anyone on hold longer than 12 months will be cancelled.
3. If you drop your membership and wish to rejoin at a later date, you will be required to repay the enrollment fee.

Initials _____

Medical Hold Policy

Your membership may be put on hold in the event of an injury, illness or physician’s orders to halt your workout.

Written physician’s orders stating the months you are unable to use the Wave is required to implement a medical hold. No hold fee charged for a medical hold. Initials _____

Termination Policy: The Member may terminate his or her membership in writing a minimum of 10 days prior to the 1st of the Month member wishes to cancel and paying all amounts then owed to the Wave in full. Notice of Termination **MUST** be given in writing by completing the cancellation form in the administrative office or service desk. Initials _____

Property Loss: The applicant understands that The Wave is not responsible for personal property lost, damaged or stolen while using The Wave facilities or participating in Wave programs. Initials _____

Insurance: The applicant understands that The Wave does not provide any accident or health insurance for its members or participants and further understands it is the applicant’s responsibility to provide such coverage. Initials _____

Acceptance:

I have been provided with a Member Handbook and agree to comply with the rules and regulations set by The Wave as they now exist and as they hereafter are amended. Should I decide to cancel my membership I agree to give written notice to The Wave 10 days prior to requested month of cancellation. I understand that dues are not based on attendance and that ***I am liable for all dues up to the time of written cancellation.*** Forms for cancellations/hold for membership may be completed at the Service Desk or Administration Office. Initials _____

I have read the above information and fully understand the contents.

Dated: _____ Signature: _____

Dated: _____ Signature: _____

Dated: _____ Signature: _____

Staff Use Only



	<i>Primary</i>	<i>Secondary</i>	<i>Additional</i>	<i>Additional</i>	<i>Additional</i>	<i>Notes</i>
Enrollment Paid:						
Dues paid:						
Towel fee						
Locker fee:						
Other fee:						
Total Paid:						
Payment Method:						

Staff Signature: _____