

Trego Recreation Commission Wellness Center

Last Name	First Name	Middle
Best # To Be Reached At		Email
Mailing Address	City	Zip Code
Date of Birth	Emergency contact person	Phone

Family included on your membership

Spouse	DOB
Child	DOB
Child	DOB
Child	DOB

FAMILY MEMBERSHIPS ARE CONSIDERED SPOUSE AND/OR CHILDREN UNDER THE AGE OF 21 STILL LIVING AT HOME.

SENIOR AGE IS 65 AND OLDER

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|---|--|
| Single Monthly Membership \$31 ____ | Single Yearly Membership \$311 ____ |
| Family Monthly Membership \$49 ____ | Family Yearly Membership \$518 ____ |
| Senior Monthly Membership \$22 ____ | Senior Yearly Membership \$218 ____ |
| Senior Couple Monthly Membership \$38 ____ | Senior Couple Yearly Membership \$409 ____ |
| Corporate Single Monthly Membership \$22 ____ | Corporate Single Yearly Membership \$218 ____ |
| Corporate Family Monthly Membership \$40 ____ | Corporate Family Yearly Membership \$436 ____ |
| Corporate Senior Monthly Membership \$31 ____ | Corporate Senior Couple Yearly Membership \$327 ____ |

*(Please contact office for Corporate membership participants)
\$25 Fee for Returned Checks*

CONDITIONS OF PARTICIPANT

Please be aware that participation in physical activities involves a higher degree of risk than normal activities. Consult your physician if in doubt. The Trego Recreation Commission cannot assume responsibility for the loss of personal property or injury to participants. Participant must present proper ID for facility participation. I have read the membership terms and conditions and agree to abide by the terms and conditions as stated and properly amended.

Signature	Date
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Spouse/Parent or Guardian	Date
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