ADULT FITNESS PROGRAMS — WINTER 2011-2012

SPORTIME
TENNIS • FITNESS • MULTI-SPORT

SCHENECTADY 2699 Curry Road, Schenectady NY 12303
tel: 518/356-0100 fax: 518/356-5797
www.SportimeNY.com/Schenectady

❑ New Member
❑ Returning Member

FITNESS PROGRAM INFORMATION 13-WEEK WINTER SESSION: Dec. 5th - Mar. 11th (Make up week: 3/12-3/18)

Membership is required for participation in SPORTIME programs. (No classes 12/23, 12/24, 12/25, 12/31, 1/1.)

BOOT CAMP	❑ $169	1 day/week: Monday, 1-2pm - Beginner
	❑ $169	1 day/week: Tuesday, 12-1pm - Advanced
	❑ $169	1 day/week: Thursday, 12-1pm - Advanced
B0DY SCULPTING	❑ $169	1 day/week: Monday, 9:30 - 10:30am
	❑ $169	1 day/week: Wednesday, 5:30 - 6:30pm
	❑ $169	1 day/week: Friday, 9:30 - 10:30am
	❑ $169	1 day/week: Friday, 12 - 1pm
EXPRESS CORE	❑ $169	2 day/week: Mon/Wed, 10:30-11:30am

PERSONAL INFORMATION (Please print clearly) Membership is required for participation in this program.

First Name _____ Last Name _____ ❑ male ❑ female

Address _____

City _____ State & Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address (required) _____

PAYMENT INFORMATION

❑ Cash Enclosed ❑ Check Enclosed ❑ Charge my credit card on file ❑ Charge credit card below:

Credit Card Number ❑ Vis ❑ MC ❑ AMEX ❑ Discover Expiration Date

If my account is not paid in full as required, I consent that the club may charge my checking/credit card account for the full amount past due plus a late fee.

Payment Terms, Liability Waiver and Assumption of Risk and Release

I understand that membership is required for participation in SPORTIME (the "Club") programs and that this application must be accompanied by payment in full to confirm registration. If my account is not paid as required, I consent that SPORTIME may charge my checking/credit card account for the full amount past due plus a late fee, on the first of the month following the start of the session. I accept that enrollment in SPORTIME programs is for the full session and that no refunds will be given for withdrawals or absences after the session begins. By signing below I agree that I am the participant in this program and that I will abide by all rules and regulations which now exist or which may be hereafter adopted or amended by the management of the Club. I further acknowledge and agree that there are certain inherent dangers in fitness activities and that the Club shall not be liable for any personal injuries, property damage, or other loss sustained by me in, on or about the premises of the Club, or arising out of the use or intended use of any facilities, equipment or other property of the Club, whether or not said personal injuries, property damage, or other loss sustained by the undersigned is the result of the negligence of the owners, agents or employees of the Club or the negligence of any other persons present on the premises of the Club. These conditions apply individually and/or jointly with other participants or guests of participants. If I enroll in Club programs and am asked to furnish the Club with appropriate medical exams and records I agree to furnish such exams and records. In addition, in case of accident or injury to me and if an emergency contact person cannot be reached, I grant the Club permission to obtain medical attention for me if necessary, for which I will be financially responsible. THE CLUB RESERVES THE RIGHT TO CLOSE FACILITIES/EQUIPMENT FOR REPAIRS OR ALTERATIONS. The Club reserves the right to cancel this contract at any time, at its sole discretion, and management's sole liability shall be to refund any amounts previously paid on a pro-rata basis. SPORTIME retains the rights to any photographs or video taken at the facility to be used for publicity or advertising. SPORTIME CANNOT GUARANTEE MAKE UPS FOR CLASSES MISSED BY THE PARTICIPANT.

SIGNATURE (parent signature if under 22) _____ DATE _____ STAFF SIGNATURE _____ DATE _____

Office use only, please: Receipt # _____ Amt $_____ $ ck cc Date Pd. _____ Initials _____