



875 Roosevelt Road • Glen Ellyn, IL 60137 • 630.942.9600 • www.htsw.net

COLLEGE MEMBERSHIP APPLICATION

DRIVER'S LICENSE AND COLLEGE ID REQUIRED • PLEASE FILL OUT FRONT AND BACK OF THIS APPLICATION

College Dependent Membership (COL) (18–22 years) \$20.00/month
 Parent must have active membership to qualify

College Non-Dependent (SUM) (18–22 years) \$65.00/month
 Parents on suspension or parents are non-members

No one under the age of 18 years is eligible for independent membership.

College Membership Applications are available for purchase during the following months only:
 March 1st - March 31st • May 1st - August 30th • November 1st - December 31st

Name _____ Date _____

E-mail _____ Date of Birth ____/____/____ Age _____

Are your parents active members? Yes No Parent's Name _____

Student's Address _____

City, State, Zip Code _____

Cell Phone # _____ Home Phone # _____

How many months would you like your membership? 1 2 3 4 (College/Summer Memberships are *Prepaid*)

Maximum college membership lengths for the months below are as follows:

MARCH: 1 MONTH | **MAY:** 4 MONTHS | **JUNE:** 3 MONTHS | **JULY:** 2 MONTHS

AUGUST: 1 MONTH | **NOVEMBER:** 2 MONTHS | **DECEMBER:** 1 MONTH

Method of Payment:

House Charge (Signature Required): _____

VISA DISCOVER AMEX MASTERCARD CHECK CASH

Credit card # _____ Exp. _____

OFFICE USE ONLY	
<u>MEMBERSHIP</u>	<u>ACCOUNTING</u>
Membership # _____ Type: _____	Amount Paid _____
Start date: _____ End Date: _____	Staff Initials _____
Staff Initials _____	



MEMBERSHIP AGREEMENT

The undersigned member(s) agree(s) that (his) (her) (their) membership at HEALTHTRACK is subject to the following terms and policies and those set forth by HEALTHTRACK, including any subsequent agreements.

1. I will abide by all rules and regulations of HEALTHTRACK as they now exist and as they may subsequently be amended. Member and his or her dependent children, if any, will at times comply with rules pertaining to use of facilities by dependent children.
2. I agree to have my monthly dues and charges (for merchandise, programs, guest fees, or any products/services) as applicable electronically transferred (E.F.T.) through my bank or credit card. Changes to the account used by E.F.T. must be made by the 20th of the current month. If my account transfer of funds is rejected, I understand I will need to set up another E.F.T. with HEALTHTRACK within 15 days. A penalty fee may be charged for rejected transactions.
3. HEALTHTRACK reserves the right to adjust membership dues and membership discounts at any time.
4. Member(s) agree(s) to pay all costs of collection, including reasonable attorney's fees, incurred by HEALTHTRACK in enforcing or attempting to enforce any of the provisions of this Membership Agreement.
5. A service charge of \$20.00 will be assessed for returned checks, insufficient funds, closed accounts, unavailable credit line or any circumstance resulting in lack of payment. All memberships are on a month to month basis. Members are able to cancel at any time in accordance with the HEALTHTRACK cancellation policy.
6. To cancel membership, a member must comply with the following procedure:
 - a. Fill out, sign and turn in a membership cancellation form by the 20th of the month.
 - b. Surrender membership card(s).

Verbal notice of cancellation, either in person or by phone, is not effective or does not stop the continuing accrual of monthly dues. Cancellations received after the 20th of the current month will be charged for the next month's dues.

X _____
7. UNPAID ACCOUNTS – Membership will be canceled by HEALTHTRACK. If any amount remains delinquent sixty (60) days after billing date of the monthly statement on which such amount first appeared. Cancellation by HEALTHTRACK stops the accrual of monthly dues for subsequent months but does not excuse the member from liability for all previously billed but unpaid dues, charges, and FINANCE CHARGES, which continue to accrue until payment in full.
8. All memberships are non-voting, non-proprietorship and non-transferable.
9. HEALTHTRACK urges all members to obtain a physical examination from their physicians prior to the use of any exercise equipment or participating in any exercise class. In recognition with the possible dangers connected with any physical activity, member(s) hereby knowingly and voluntarily waive their right to cause of action of any kind whatsoever arising as a result of such activity from which any liability may or could accrue to HEALTHTRACK, its officers, agents, employees or instructors. WARNING: If you have a history of health-related disease, you should consult a physician before purchasing a membership or joining a club. A person entitled to membership privileges under this Contract who has a history of heart-related disease also should consult a physician before utilizing the programs and facilities of the Seller.
10. WAIVER: I hereby, for myself and heirs, executors and administrators, waive and release, to the fullest extent permitted by law, any and all rights, claims and causes of action I may have or hereafter acquire against HEALTHTRACK and/or its representatives, successors, and assigns for any and all losses, damages or injuries which may be suffered by me, my family, my guests, in connection with any equipment, activity, lessons, programs, tournaments or special events. I hereby agree to assume the risk of all such losses, damages and injuries. I am aware of the possible risks inherent in the nature of the activities provided at HEALTHTRACK. HEALTHTRACK does not provide medical insurance or cover injuries of any nature incurred at HEALTHTRACK.
11. Enrollment fees are non refundable unless cancellation occurs during the first month after joining HEALTHTRACK, then enrollment fee will be refunded. Renewal of membership previously canceled or terminated requires full payment of a new enrollment fee. HEALTHTRACK has the right to deduct from the refunded enrollment fee the cost of products or services received as a result of membership promotion(s) at the time of enrollment.

Signature of Member: _____ Date: _____

Signature of Member: _____ Date: _____