



COLLEGE MEMBERSHIP APPLICATION

DRIVER'S LICENSE AND COLLEGE ID REQUIRED

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 Memberships are available for purchase during the following months only:

MARCH 1ST - MARCH 31ST | MAY 1ST - AUGUST 30TH | NOVEMBER 1ST - DECEMBER 31ST

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

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 # _____

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

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.

Signature of Member: _____ Date: ___/___/___

Method of Payment:

House Charge (Signature Required): _____					
VISA	DISCOVER	AMEX	MASTERCARD	CHECK	CASH
Credit card # _____			Exp. _____	Cvv. _____	

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