



MEMBERSHIP CHANGE FORM

An active account that is adding or subtracting members

Membership Account # _____

Date _____

Name of Member (please print) _____

Telephone Number _____ E-mail _____

Effective Date _____

| Adding/Subtracting: | | Add | Subtract | Main member change |
|---------------------|---------------------|--------------------------|--------------------------|--------------------------|
| 1) _____ | Date of Birth _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cell: _____ | E-mail: _____ | | | |
| 2) _____ | Date of Birth _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cell: _____ | E-mail: _____ | | | |
| 3) _____ | Date of Birth _____ | <input type="checkbox"/> | <input type="checkbox"/> | |
| Cell: _____ | E-mail: _____ | | | |
| 4) _____ | Date of Birth _____ | <input type="checkbox"/> | <input type="checkbox"/> | |
| Cell: _____ | E-mail: _____ | | | |

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.

I understand there is a \$10.00 administrastion fee for membership changes. In lieu of the administrative fee, when adding a second adult for the first time, there is a one-time enrollment fee based on the membership type. When additions take effect, fees will be prorated. Subtractions will take effect on the 1st of the following month.

- 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.
- 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: _____

Staff initials: _____ Membership Type: _____ New Membership Type: _____

Change Fee: _____ Enrollment Upgrade: _____

New Main Member: _____ New EFT Attached: _____

Total Collected/Refunded: _____ Accounting Update: _____