



COLLEGE MEMBERSHIP APPLICATION

DRIVER'S LICENSE AND COLLEGE ID REQUIRED

College Dependent Membership (COL) (18–22 years) ... \$24.00/month

Parent must have active membership to qualify

College Non-Dependent (SUM) (18–22 years) ... \$69.00/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 _____

UPDATED 12/18/24