



SOUTH MILWAUKEE FITNESS CENTER

DATE: _____

901 15TH Avenue Door #24

www.smfitness.org

South Milwaukee, WI 53172

STUDENT Fitness Center Application

(Student ID to verify) SM Student (\$40) _____ Non SM Student (\$80) _____

STUDENT NAME: _____ DOB: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME / CELL PHONE: _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT PHONE: _____

ADULTS SIGN BELOW

LIABILITY WAIVER: All participants are required to sign the following release. Parents or Guardians must sign for Minors. I / We the undersigned do hereby agree to allow the above name to participate in activity. I / We are aware there may be potential risks inherent with participation in any recreation activity and the South Milwaukee Fitness Center does not provide accident insurance. I / We assume all risks and hazards incidental to such participation including the transportation to and from activities. I / We do hereby waive, release, absolve, indemnity and agree to hold harmless the South Milwaukee Fitness Center officers, staff, and other persons from any and all claims, injuries, liabilities, damages or right of action directly or indirectly arising out of use of South Milwaukee Fitness Center facilities, equipment and / or participation in South Milwaukee Fitness Center activities. In the event of an emergency, I authorize the South Milwaukee Fitness Center to obtain medical treatment for son/daughter or myself.

Parent/Guardian Signature _____ Date _____

_____ Office Use Only _____

Staff _____ Date _____