



Reedsville Public Schools

P.O. Box 340, Reedsville, Wisconsin 54230-0340

District phone: (920)754-4341

www.reedsville.k12.wi.us

Reedsville School District Community Fitness Center Membership Form (Valid July 1 - June 30)

Member Name (First & Last): _____ Are you a District resident? Yes No

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____ Date of Birth: _____

Emergency Contact Name (First & Last): _____

Emergency Contact Phone Number: _____

Memberships

Memberships run July 1 - June 30 and will be prorated based on the starting month only. Rates will not be prorated based on an end date other than June 30. Renewals are due prior to July 1 to ensure key fob access is continuous.

Expectations

I understand that all members of the RSD Fitness Center are expected to display appropriate behavior and follow and read all [rules and policies](#) when using the fitness center.

Any members behaving inappropriately, including bringing guests, may have their membership access revoked.

Refunds for membership fees will not be given.

Liability Release

I understand and appreciate that there are inherent risks involved with using the RSD Fitness Center and, therefore, agree to follow any and all safety standards, guidelines, and procedures established for using the fitness center.

I agree to assume responsibility for any and all loss or damage to property and/or bodily injury, including death, however caused, including negligence, from or arising out of or in any way connected with my using the fitness center. I also understand that this membership is dependent on the absence of a criminal record relating to the safety of the school or school attendees.

To this end, I irrevocably and unconditionally waive on behalf of myself, my heirs or legal guardian, any and all claims, demands, rights, damages, costs, losses, suits, actions, causes of action, attorneys' fees and expenses, of any nature whatsoever, against the Reedsville School District, its officers, employees, volunteers, agents, and their heirs, executors and assigns for any injuries, foreseen and unforeseen, that should occur from my using the fitness center.

Signature: _____ Date: _____

Community Fitness Center Open Hours for Members:

School Year:

Mon-Fri 5-7:30am, 12-1pm, 6-9pm; Sat/Sun 5am-9:30pm

Summer:

Mon-Fri 12-4pm, 6-9pm; Sat/Sun 5am-9:30pm

*Key fob will only access the facility at these times

*Key fob will be issued after payment is received

Annual Membership Fees:

Initial key fob charge: \$10 Reissue of key fob = \$10

In District: \$60 Out of District: \$120

Total and Amount Enclosed: \$ _____

Make checks payable to Reedsville School District