



John Malin Strength and Conditioning Center MEMBERSHIP APPLICATION

Member's Name			
Address			
Phone Number		Email	

Check all that apply:

- This application is NEW REPLACEMENT RENEWAL Card # _____
- I am Kimberly High School graduate currently attending a post-secondary educational institute.
I attend _____ My expected date of graduation is _____.
- I am a senior citizen (must be 60 or older) Spouse is a senior citizen (must be 60 or older)
- I am a resident of the Kimberly Area School District
- I am not a resident of the Kimberly Area School District but own property in the Kimberly Area School

Children grades 6-8 may use the fitness center only when accompanied by their own parent. The parent must remain in the fitness center at all times.

Expectations

All members are expected to display the community values of the Kimberly Area School District which are Respect, Honesty, Responsibility and Kindness. Members behaving inappropriately may have their membership revoked. Refunds will NOT be given. I understand that my membership will be revoked if it is found that misuse of my card, i.e. lending my access card to others to gain access to KHS or other areas of the school has occurred. I will notify the Kimberly Area School District Administration Office if I lose my access card so a stop can be placed on access to KHS with the lost card.

Liability Release: (All adults must sign)

I understand and appreciate that there are a number of inherent risks involved with using the John Malin Strength and Conditioning Center and, therefore, agree to follow any and all safety standards, guidelines and procedures established for using the John Malin Strength and Conditioning Center.

I agree to assume responsibility for any and all past, present or future 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 use of the John Malin Strength and Conditioning Center. 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, suites, actions, causes of action, attorney's fees, and expenses, of any nature whatsoever, against the Kimberly Area 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 John Malin Strength and Conditioning Center.

Signature	Date	Spouse's Signature	Date
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Adult Membership	<input type="checkbox"/>	\$60 per year / per adult	
Senior Citizen Membership	<input type="checkbox"/>	\$36 per year / per adult	
College Membership	<input type="checkbox"/>	\$10 (good for 4 years)	TOTAL: _____

**Checks payable to KASD / Send this form & payment to the
4K Center for Literacy, 614 E Kimberly Ave. Kimberly, WI 54136/920-423-4190
(Photo needed for new membership)**

Office Use Only

Received by _____ Date _____ Card # _____ Expires _____