

# Community Programs NEW FITNESS CENTER FEES

821-8116

**JANUARY 1, 2011**

**FEES: YEAR FAMILY up to 4 - \$280.00 INDIVIDUAL - \$ 190.00 COLLEGE - \$70.00**  
**(over 4 \$40.00 ea. additional member)**

**FEES: 1/2 YEAR FAMILY up to 4 - 140.00 INDIVIDUAL - \$ 95.00 COLLEGE - \$45.00**  
**(over 4 \$20.00 ea. additional member)**

*These were the previous fees - Year Family \$300.00, Individual \$210.00, 1/2 Year Family \$160.00, Individual \$120.00. Pay only the fees listed in the box above.*

Head-of-Household Name \_\_\_\_\_  
 Complete  
 Mailing Address: \_\_\_\_\_  
 Home  
 Phone and Email: \_\_\_\_\_

**MUST PAY BY CHECK OR MONEY ORDER ONLY**

Make check out to and mail to: SWR Community Programs  
 250B Rte. 25A, Shoreham, NY 11786-2192  
 HOURS: MON-FRI 6am-8am & 4pm-9pm SAT-SUN 8am-12 noon

**ADULT and HIGH SCHOOL HOUSEHOLD MEMBERS SEEKING FITNESS CENTER PRIVILEGES MUST READ, PRINT NAME, and SIGN BELOW:**

I/we affirm that I am/we are the **HEAD-OF-HOUSEHOLD** of record at the above address; that the residence is within the boundaries of the Shoreham-Wading River Central School District; that the below-named individuals are permanent adult and/or high school residents at the stated address.

In consideration of acceptance of this application and membership in the fitness center, I, the undersigned, intending to be legally bound, hereby release the Shoreham-Wading River Central School District, its officers, employees and agents, and Shoreham-Wading River Community Programs and Professional Fitness Services and their representatives, successors and assigns, from any and all liability arising from my use of the fitness center and the equipment and/or facilities located within the fitness center.

\_\_\_\_\_ signature

**List the names of the ADULTS and COLLEGE STUDENTS who will be included in this Membership and will be using the Fitness Center.**

	NAME (please print)	SIGNATURE	RELATIONSHIP/ GRADE of Student
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	Additional family members over 4 – add \$40.00 fee each member. Put names on back of sheet.		

**MEMBERS MUST SIGN IN AT THE FRONT DESK**

**Office Use Only**

Date Received: \_\_\_\_\_ Check # \_\_\_\_\_ Staff Initials: \_\_\_\_\_

Verified by \_\_\_\_\_ DRIVER'S LICENSE COLLEGE ID  
 \_\_\_\_\_ Other (2 pieces business mail; homeowner affidavit, etc.) DATE ENTERED \_\_\_\_\_

REV 1/1/11