

Genesis Gym Sports Facility Membership Application

*Applicants must be 18 years of age or older

** FOB is an Electronic Key required to gain access to the Facility

There is a fee of \$5.00 per additional FOB

Applicant Name: _____ Effective Start Date: _____

Circle a Membership Category : Single Adult Family Senior Senior Couple
 Student Veteran Company/Organization

Circle a Membership Draft Option: Monthly Semi-Annual Annual

If applying for Family or Senior Couples membership please list immediate family members names below *Not to exceed your immediate family or spouse
 If applying for a Company Membership please provide each employee or organization members information on a separate company or organization attachment form.
 After each member name please list the age of the member.

Applicant Home Address: _____

Home Phone Number: _____

Employer: _____

Work Phone Number: _____

Email: _____

Applicant Age: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Additional FOB's (Circle): 1 2 3 4 5 6 7 8

For Official Use Only
FOB ID #: _____
Cash: _____
Check: _____
Check Number: _____

Would you like to receive email updates on News and Events: _____

I agree to abide by all rules and regulations set forth by the Genesis Gym Sports Facility and have signed and fully understand the attached Waiver of Liability. In signing below, I understand that this relieves the Genesis Gym Sports Facility of any and all liabilities of injury or accident that may occur on the property of or in use of an activity, event or equipment on or within the Genesis Gym Sports Facility property.

 Applicant Signature

 Date Signed