

WRIGHTSTOWN COMMUNITY SCHOOL DISTRICT STUDENT & COMMUNITY WELLNESS CENTER MEMBERSHIP APPLICATION



Member Name: _____

Phone Number: _____ Date of Birth _____

Address: _____ City _____ Zip _____

Spouse's Name: _____ Emergency Contact/Phone Number _____

Email: _____

I am a resident of Wrightstown School District

I am not a resident of Wrightstown School District

Applying for (type of membership): Family Adult Senior (62 & over) College Military

Expectations:

All members of the Wrightstown School District Wellness Center are expected to display appropriate behavior and follow all rules and policies when using the wellness center. Members behaving inappropriately may have their membership revoked. Refunds for membership fees will not be given.

Liability Release: (All adults must sign):

I understand and appreciate that there are inherent risks involved with using the Wrightstown Wellness Center and, therefore, agree to follow any and all safety standards, guidelines, and procedures established for using the wellness 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 wellness 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, suits, actions, causes of action, attorneys' fees and expenses, of any nature whatsoever, against the Wrightstown Community 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 wellness center.

Signature _____ Date _____ Signature _____ Date _____

<u>District Resident Membership Fee</u>			<u>Out-of-District Resident Membership Fee</u>		
Family(2 adults, minor children living at home)	\$100	<input type="checkbox"/>	Family	\$300	<input type="checkbox"/>
Adult	\$50	<input type="checkbox"/>	Adult	\$150	<input type="checkbox"/>
Senior Citizen(62 & over)& Spouse	\$25	<input type="checkbox"/>	Senior Citizen (62 & over) & Spouse	\$75	<input type="checkbox"/>
College Student (with ID)	\$25	<input type="checkbox"/>	College Students (with ID)	\$75	<input type="checkbox"/>
Active Military (with ID)	Free	<input type="checkbox"/>	Active Military (with ID)	Free	<input type="checkbox"/>
Please send or drop off the total amount to the:					
Wrightstown School District Wellness Center P.O. Box 128 351 High Street Wrightstown WI 54180					