



CEDAR GROVE-BELGIUM FITNESS CENTER/GYM & SWIM REGISTRATION/WAIVER FORM

Name	Date of Birth
Address:	
Phone Number:	Email Address

Please check all that apply:

- I am a **student** of the Cedar Grove-Belgium *Year of Graduation _____
- I am a **resident** of the Cedar Grove-Belgium School District
- I am a **senior citizen** (must be 60 or older) Spouse/Partner is a senior citizen (must be 60 or older)
- I am a CGB School District **Employee**:
- I am a spouse/domestic partner of a CG-B School District Employee
* Name of Employee _____
- I am **not** a resident of the Cedar Grove-Belgium School District

***CGB students in grades 7 and 8** must be accompanied their own parent who is a resident of the Cedar Grove-Belgium School District. The parent must remain in the fitness center at all times.

Expectations

All members are expected to follow the fitness policies, procedures, and etiquette guidelines at all times. Failure to do so will result in suspension from the Cedar Grove-Belgium Fitness Center with no refund given.

Liability Release: (All adults must sign)

I understand there are a number of inherent risks associated to using the Cedar Grove-Belgium Fitness Center, and therefore agree to follow any and all safety standards, guidelines, and procedures established for using the Cedar Grove-Belgium Fitness Center.

As the parent of _____ / 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 Cedar Grove-Belgium Fitness 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, legal actions, causes of action, attorney's fees and expenses, of any nature whatsoever, against the Cedar Grove-Belgium School District, its officers, employees, volunteers, agents and their heirs, executors and assigns for any injuries foreseen and unforeseen, that should occur from my child/ my using the Cedar Grove-Belgium Fitness Center.

Signature

Date

All passes are valid from July 1, 2019 through June 30, 2020

Fitness Center Only	Resident	Non-Resident
Adult (age 18+)	<input type="checkbox"/> \$120 per year	<input type="checkbox"/> \$300 per year
Couple	<input type="checkbox"/> \$230 per year	N/A
Senior Citizen (age 60+)	<input type="checkbox"/> \$100 per year	<input type="checkbox"/> \$240 per year
Senior Citizen Couple (60+)	<input type="checkbox"/> \$180 per year	N/A
CGBSD Employee's Spouse/Domestic Partner	<input type="checkbox"/> \$100 per year	N/A
Combined Fitness/Gym & Swim	<input type="checkbox"/> \$300 per year	
Day Pass: Resident Adult	<input type="checkbox"/> \$5.00 per day	NA
Day Pass: Non-Resident Adult and Student	<input type="checkbox"/> \$6.00 per day	NA
Gym & Swim Only	Resident	Non-Resident
Student/Senior	<input type="checkbox"/> \$75.00	<input type="checkbox"/> \$150.00
Adult	<input type="checkbox"/> \$100.00	<input type="checkbox"/> \$175.00
Family	<input type="checkbox"/> \$200.00	<input type="checkbox"/> \$300.00
Combined Fitness/Gym & Swim	Resident	Non-Resident
Adult (18+)	<input type="checkbox"/> \$175.00	<input type="checkbox"/> \$400.00
Couple	<input type="checkbox"/> \$300.00	

*If purchasing a **Family Pass** please complete the following:

Spouse/Partner Name _____

Name of Children (may include college kids to age 23)

1. _____
2. _____
3. _____
4. _____
5. _____

Please make check payable to CGBSD. Send this form and payment to:

321 N. 2nd St. Cedar Grove, WI 53013

Attn: Scott Parsons

You can also turn in form and money to the Fitness Center or School Office during open hours.

Office Use Only

Received by _____ Date _____

Amount Paid _____

Cash

Check/ Check # _____

CEDAR GROVE-BELGIUM FITNESS CENTER STUDENT WAIVER FORM

Name	Year of Graduation
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CGB students in grades 7 and 8 may use the fitness center only when accompanied by their own parent who is a resident of the Cedar Grove-Belgium School District. The parent must remain in the fitness center at all times.

Expectations

All students are expected to follow the fitness policies, procedures, and etiquette guidelines at all times. Failure to do so will result in suspension from the Cedar Grove-Belgium Fitness Center.

Liability Release: (All students must sign)

I understand there are a number of inherent risks associated to using the Cedar Grove-Belgium Fitness Center, and therefore agree to follow any and all safety standards, guidelines, and procedures established for using the Cedar Grove-Belgium Fitness Center.

As the parent of _____, I do hereby grant permission for my child to participate in the Cedar Grove-Belgium Fitness 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 child's use of the Cedar Grove-Belgium Fitness Center. To this end, I irrevocably and unconditionally waive on behalf of my child any and all claims, demands, rights, damages, costs, losses, legal actions, causes of action, attorney's fees and expenses, of any nature whatsoever, against the Cedar Grove-Belgium School District, its officers, employees, volunteers, agents and their heirs, executors and assigns for any injuries foreseen and unforeseen, that should occur from my child using the Cedar Grove-Belgium Fitness Center.

Parent Signature

Date

Student Signature

Date