



2024

HEALTH CARE MEMBERSHIPS

Memberships supported by a health insurance plan and typically no cost to the member

Choose One	Staff Only!
Active & Fit <input type="checkbox"/>	HEALTH ID/FITNESS ID/CODE:
Renew Active <input type="checkbox"/>	
Silver & Fit <input type="checkbox"/>	BARCODE NUMBER:
Silver Sneakers/Prime <input type="checkbox"/>	

Primary Member			
NAME	DOB:	M or F	
Address	City	Zip	
Home Phone	Cell Phone	Email	
Allergies/Medical Conditions:			
Emergency Contact:	Phone:	Relationship:	

In consideration of your accepting myself, my child, or my family's entry, I hereby, for myself, my child, and my family, waive and release any and all rights and claims for damages we may have against the City of Reminderville, their representatives, successors and assigns for any and all injuries suffered by myself, my child, or my family in any activity sponsored by these groups. I do hereby grant and give these groups the right to use myself, child, or family in photographs or images with or without myself, my child, or family's name, both single, and in conjunction with other persons or object for the purpose of advertising and publicity only. I warrant that I have the right to authorize any foregoing uses and do hereby agree to hold the Village of Reminderville harmless of and from any and all liability of whatever nature may arise out of or result of such uses.

The Reminderville Athletic Club reserves the right to verify and request proof of identity and to remove anyone not matching the eligible criteria without notice.

Signature _____	Date _____
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