



Children/Dependents:

<hr/>			<u>Male/Female</u>
Name	D.O.B.	Relation to Primary Member	Gender
<hr/>			<u>Male/Female</u>
Name	D.O.B.	Relation to Primary Member	Gender
<hr/>			<u>Male/Female</u>
Name	D.O.B.	Relation to Primary Member	Gender
<hr/>			<u>Male/Female</u>
Name	D.O.B.	Relation to Primary Member	Gender

<hr/>		
Emergency Contact	Relationship	Contact Phone Number

Interested In:

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Personal Training/Wellness Fitness | <input type="checkbox"/> Pre-School |
| <input type="checkbox"/> Group Exercise | <input type="checkbox"/> School Age |
| <input type="checkbox"/> Rentals | <input type="checkbox"/> Summer Camp |
| <input type="checkbox"/> Arts & Enrichment | <input type="checkbox"/> Adult |

I understand that I (all individuals on my membership unit) can find all membership policies and agreements including the code of conduct and the liability agreement on the website (lauriannwestcc.org). I can also request a printed copy of the member welcome book at the Welcome Desk. I understand by signing this form I will adhere to all policies set in the above listed forms.

Signature: _____ **Date:** _____