

Membership Participation Agreement

a ministry of Central PA Youth Ministries (CPYM)

Address: CPYM Sausman Center, 12339 William Penn Hwy, Thompsettontown, PA 17094 **Phone:** (570)743-5333

sponsor's coordinator: Shirey Little **Phone:** (717)395-0058

Description of activity: Fitness training includes, but not limited to, weight training, cardio, gymnastics elements, speed and agility and functional fitness

PARTICIPANT INFORMATION (TO BE COMPLETED BY PARTICIPANT OR AUTHORIZED GUARDIAN) please print

Name of participant: _____

Name of parents/guardians: _____

Address: _____ **zip:** _____ **State:** _____

Phone: _ (_____) _____ - _____ **E-mail:** _____

emergency contact: _____ **Contacts Phone** (_____) _____ - _____

List allergies or medical conditions: _____

Insurance Carrier: _____ **Policy or group number:** _____

Pick the following package: choose your training track, payment option/month (to be paid monthly on the first day of each month) or yearly one-time payment. See reverse side for descriptions of packages:

Payment options: Cash or Check: _____ PayPal: _____ Direct Deposit(monthly): _____

Individual Gym membership **\$35/ Month** **\$360/YR.**

Family Gym membership **\$50/ Month** **\$600/YR.**

Student Access (free 8-12 grades open gym times only)

MEMBERSHIP AGREEMENT

I acknowledge that participation in the activity described above involves risk to the participant (and to the participant's parents or guardians, if the participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, exposure to infectious/communicable disease, bodily injury, death, emotional injury, personal injury, property damage, and financial damage. In consideration for the opportunity to participate in the activity described above (the "activity"), the participant (or parent/guardian if the participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the activity. The participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the activity or during transportation to and from the activity, as well as for any medical treatment rendered to the participant that is authorized by the sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to as the "activity sponsor"). Further, the participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the activity sponsor (Continued next page) for any injury arising directly or indirectly out of the described activity or transportation to and from the activity, whether such injury arises out of the negligence of the activity sponsor, the participant, or otherwise. If a dispute over this agreement or any claim for damages arises, the participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the participant (or parent/guardian) and the activity sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution in accordance with the rules of the American Arbitration Association.

Signature: _____ **Date:** _____

Parent /guardian Signature (Minors under 18) _____ **Date:** _____