



Membership Application

445 S. Jackson St.
Iola, WI 54945
715-445-2411, ext. 317
www.iola.k12.wi.us

HOUSEHOLD INFORMATION

Date of Application: _____ Birth Date: ____/____/____ M F
M D Y

Last Name: _____ First Name: _____ Home Phone: _____

Street: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Cell Phone: _____ Work Phone: _____

Medical Information: _____
 (Information we should know regarding any health problems that may affect your involvement in exercise)

Other Family Members (If Applicable)

Name	Relationship	Date of Birth	Age	Sex	Medical Information

MEMBER CODE OF CONDUCT AND INFORMED CONSENT AGREEMENT:

Thank you for choosing to use the Iola-Scandinavia Community Fitness & Aquatic Center. We request your understanding and cooperation in maintaining both your and our safety and health by reading and signing the following informed consent agreement:

I agree to abide by all the Iola-Scandinavia Community Fitness and Aquatic Center rules, regulations and procedures. Violations may result in revocation of my membership privileges. I also accept full responsibility for my household members and guests.

I declare that I intend to use some or all of the activities, facilities, programs, and services offered by the Iola-Scandinavia Community Fitness & Aquatic Center and I understand that each person (myself included), has a different capacity for participating in such activities, facilities, programs, and services. I am aware that all activities, services, and programs offered are educational, recreational, or self-directed in nature. I assume full responsibility, during and after my participation, for my choices to use or apply, at my own risk, any portion of the information or instruction I receive.

I understand that part of the risk involved in undertaking any activity or program is relative to my own state of fitness or health (physical, mental, or emotional) and to the awareness, care, and skill with which I conduct myself in that activity or program. I acknowledge that my choice to participate in any activity, service, and program at the Iola-Scandinavia Community Fitness & Aquatic Center brings with it my assumption of those risks or results stemming from this choice and the fitness, health, awareness, care, and skill that I possess and use.

I recognize that by participating in the activities, facilities, programs, and services offered at the Iola-Scandinavia Community Fitness & Aquatic Center, I may experience potential health risks such as transient light-headedness, fainting, abnormal blood pressure, chest discomfort, leg cramps, and nausea and that I assume willfully those risks. I acknowledge my obligation to immediately inform the nearest supervising employee of any pain, discomfort, fatigue, or any other symptoms that I may suffer during and immediately after my participation. I understand that I may stop or delay my participation in any activity or procedure if I so desire and that I may also be requested to stop and rest by a supervising employee who observes any symptoms of distress or abnormal response.

I agree to indemnify and hold harmless the I-SCF&AC from any and all claims by myself, my children, and my heirs.

Signature

Date

STAFF USE ONLY

BARCODE #(s) _____

Membership Category: _____ Family (FC/PL/CMB) _____ Adult (FC/PL/CMB) _____ Young Adult (FC/PL/CMB)
 _____ Student (FC/PL/CMB) _____ Single Senior _____ Couple Senior _____ Towel

Type of Membership: _____ Annual _____ Month _____ 6-Months _____ Annual W/D

Amount Paid: \$ _____ Payment: _____ Check # _____ Cash _____ Credit Card _____

Monthly Bank Withdrawal Form: YES NO Did you give copy to member? YES NO

Employee Signature: _____ Date: _____ Exp. Date: _____

Category: FAMILY

Family Members: Defined as residing in the same household and the dependents thereof under the age of 18.

✓	Type	✓	Annual	✓	Annual W/D	✓	6-Month	✓	Month	✓	Day Pass
	Pool		\$234		\$19.50		\$155		\$37		\$10
	Fitness Center		\$234		\$19.50		\$155		\$37		\$10
	Combo		\$342		\$28.50		\$229		\$53		\$15
	Towel		+\$48		\$23.50/\$32.50		+\$24		+\$12		+\$0.50

Category: ADULT (26-59)

✓	Type	✓	Annual	✓	Annual W/D	✓	6-Month	✓	Month	✓	Day Pass
	Pool		\$177		\$14.75		\$118		\$27		\$5
	Fitness Center		\$177		\$14.75		\$118		\$27		\$5
	Combo		\$264		\$22		\$178		\$35		\$8
	Towel		+\$24		\$16.75/\$24		+\$12		+\$6		+\$0.50

Category: YOUNG ADULT (18-25) 18 years old and graduated from high school. Iola-Scandinavia graduates have until the end of August after they graduate to buy a membership. This category does not have the option of a monthly bank withdrawal.

✓	Type	✓	Annual	✓	6-Month	✓	Month	✓	Day Pass
	Pool		\$107		\$68		\$20		\$4
	Fitness Center		\$107		\$68		\$20		\$4
	Combo		\$170		\$108		\$27		\$5
	Towel		+\$24		+\$12		+\$6		+\$0.50

Category: STUDENT (12-17) Student of Iola-Scandinavia get to use the Fitness Center for FREE but, need to pay for the pool.

✓	Type	✓	Annual	✓	6-Month	✓	Month	✓	Day Pass
	Pool/Fitness		\$65		\$35		\$10		\$2
	Combo		\$90		\$55		\$20		\$3

Category: SINGLE SENIOR – (Senior: Individual who has attained the age of 60.)

✓	Type	✓	Annual	✓	Annual W/D	✓	6-Month	✓	Month	✓	Day Pass
	Combo		\$126		\$10.50		\$84		\$16		\$3/\$5
	Towel		+\$24		\$12.50		+\$12		+\$6		+\$0.50

Category: COUPLE SENIOR - (Senior: Individual who has attained the age of 60.)

Couple Senior: Two adults living at the same address where one person has attained the age of 60.

✓	Type	✓	Annual	✓	Annual W/D	✓	6-Month	✓	Month	✓	Day Pass
	Combo		\$195		\$16.25		\$130		\$32		\$5/\$7
	Towel		+\$36		\$19.25		+\$24		+\$12		+\$0.50

GROUP EXERCISE

Member Punch Cards = \$20 for 10 classes ---Member - Individual Class = \$2.50

Non-Member Class = \$5.00 ---- Non-Member Senior Class = \$4.00

Non-Member Punch Card = \$35 for 10 classes

Children 4 & Under Daily = FREE w/ a paid Adult ----Toddler Time Swim - \$2.00 – M-Th – 10am-1pm (Sept.-May)