optimal you

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# THE OPTIMAL YOU FITNESS FACILITY
## MEMBERSHIP APPLICATION

Memberships
Please check membership desired.

- ☐ Individual $14/month
- ☐ Family $18/month
- ☐ Retired Free
- ☐ Activities Free
- ☐ Intern/Individual $14/month(Paid-in-Full)
- ☐ Intern/Family $18/month(Paid-in-Full)

## EMPLOYEE/RETIREE INFORMATION

| PRINT NAME LAST | FIRST | MIDDLE | EMPLOYEE ID NO. |
|---|---|---|---|
| | | | |

| STREET ADDRESS | APT # | CITY | STATE | ZIP CODE |
|---|---|---|---|---|
| | | | | |

| BIRTH DATE | HOME PHONE NUMBER | WORK PHONE EXTENSION | MAIL CODE |
|---|---|---|---|
| | | | |

| EMAIL ADDRESS | HOURLY/SALARY | SHIFT | DEPT. NO. |
|---|---|---|---|
| | | | |

| EMERGENCY CONTACT'S NAME | PHONE NUMBER |
|---|---|
| | |

| PHYSICIAN'S NAME | PHONE NUMBER |
|---|---|
| | |

## SPOUSE INFORMATION

| PRINT NAME LAST | FIRST | MIDDLE |
|---|---|---|
| | | |

| BIRTH DATE | EMAIL ADDRESS |
|---|---|
| | |

| EMERGENCY CONTACT'S NAME | PHONE NUMBER |
|---|---|
| | |

| PHYSICIAN'S NAME | PHONE NUMBER |
|---|---|
| | |

## CHILDREN: LEGAL DEPENDENTS BY LEGAL STANDARDS ONLY (must be 16 to 26 years of age)

| NAME | BIRTH DATE | NAME | BIRTH DATE |
|---|---|---|---|
| | | | |
| NAME | BIRTH DATE | NAME | BIRTH DATE |
| | | | |

In consideration for membership in the Optimal You Fitness Facility and intending to be legally bound, I for myself, my minor family members (who must be with legal guardian or trainer at all times) who may use the Optimal You Fitness Facility, my heirs, administrators, representatives and assignees, waive and forever release Alticor Inc., and any of its subsidiaries, affiliates, directors and employees from any and all claims arising from such membership or use of Optimal You Fitness Facility or equipment including but not limited to claims of personal injury, or other claims for damages or equitable relief. I accept full responsibility for any and all personal property and effects including but not limited to, loss or damage of clothing, equipment, eyeglasses, etc. Further, in the event of any injury, I authorize such first aid and/or hospital care or treatment as deemed appropriate by trained medical responders.

X _____
EMPLOYEE'S SIGNATURE

X _____
SPOUSE'S SIGNATURE

X _____
CHILD'S SIGNATURE

X _____
CHILD'S SIGNATURE

X _____
CHILD'S SIGNATURE

X _____
CHILD'S SIGNATURE

Please return the completed form to the Optimal You Fitness Facility, 14-1N.