

Membership Types .....	Annual Cost
Family (Preschool – 22 if enrolled in college)	\$50
Adult (18 – 59)	\$25
Senior adult (60+)	\$20

Under certain circumstances, less than yearly membership fees may be obtainable for North Central alumni who are attending college out of town and only want to use the Center during collegiate breaks. Daily admission can be gained by obtaining permission from a building principal or athletic director in advance.

CSCSD reserves the right to terminate your membership without refund if for any reason member's payments aren't met by you, any equipment by you is mistreated or damaged or if you are being uncooperative with school employees or other fitness members. Members are not allowed to bring guests into the Center unless building principals or the athletic director has been notified in advance.

All members must agree to abide by all rules posted including no food or drink in the center. When utilizing the center, please remember to bring indoor shoes and a towel to wipe down the equipment after usage. Also be reminded that to use the Center, you must be at least in 7<sup>th</sup> grade or older and be accompanied by an adult (Adult: 18 or older and graduated from high school). We would ask that you dress appropriately in accordance to school code and for your own safety, use a spotter on all free weights. For security reasons, video surveillance equipment is constantly in use within the Center.

A doctor's examination is recommended before engaging in any exercise programs.

Memberships are not transferable. There are absolutely no refunds. One key fob will be issued per single membership. Lending a key fob to someone who does not have a membership will result in the lender losing Center privileges. Persons who need to have a key fob replaced or request a second key fob for other family members will be charged \$5.00.

School functions will always be given priority in scheduling events.

Please be advised that school district personnel will consult the Iowa Sex Offender List and the Iowa Courts data bases to help us determine your membership eligibility.

MEMBERSHIP APPLICATION WAIVER

*I wish to apply for membership in the CSCSD Community Fitness Center and to utilize the equipment therein, and if initialed I wish my children or legal wards to participate and give permission to participate in the CFC activities. As used in this agreement, "children" shall include legal wards and "parent" shall include legal guardian. As a condition to being permitted to utilize the CFC for any purpose, including but not limited to, observation or use of the facilities or equipment or participation, I, the undersigned, acknowledge, agree, and represent that I have inspected and carefully considered the facilities. I understand that even when every reasonable precaution is taken, accidents can happen. As a condition to the participation by me or my children in the CFC activities, on my behalf, on behalf of my children, and on behalf of my heirs, executors, and administrators, I hereby waive and release any claims for loss of and injury incurred or suffered which I or my children, heirs, executors and administrators might make against the CSCSD, its officers, employees, volunteers, or contractors. I further agree to indemnify the CSCSD against and hold the CSCSD harmless from loss incurred as a result of claims against the CSCSD based upon alleged actions or omissions by me or my children. I have read this authorization, waiver, and release; I understand it and voluntarily sign it.*

*I understand that the CSCSD is not responsible for personal property lost, damaged or stolen while members are using the CS facilities, are on the CS premises, or are involved in the CS programs.*

\_\_\_\_\_  
Member signature

\_\_\_\_\_  
Date

**CENTRAL SPRINGS CSD ADULT or FAMILY MEMBERSHIP APPLICATION  
For the COMMUNITY FITNESS CENTER**

Date: \_\_\_\_\_ Birthday: \_\_\_\_\_ New \_\_\_\_\_ Renew \_\_\_\_\_

Name: \_\_\_\_\_

Employer \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_

Phone \_\_\_\_\_ (Home) \_\_\_\_\_ (Work)

E-Mail \_\_\_\_\_ (Name) \_\_\_\_\_ (Phone)

Emergency  
Contact \_\_\_\_\_ (Name) \_\_\_\_\_ (Phone)

*Family Membership Only*

*Spouse*

Name: \_\_\_\_\_

Birthday: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Emergency  
Contact \_\_\_\_\_ (Name) \_\_\_\_\_ (Phone)

*Children*

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

**CSCSD MISSION STATEMENT**

*It is the mission of the Central Springs Community School District to cultivate a positive learning environment that engages and empowers all students.*