

**Charles R. Jufer Fitness Center
Membership Registration**

Member Information (additional family members may be added on back)

Name: _____ Birthdate: _____ Amount Paid: _____
Address: _____ City: _____ State/ Zip: _____
Email: _____ Phone: _____

Emergency Contact Information – Minors (under 18 years of age)

Father's name: _____ Home phone: _____ Work phone: _____
Mother's name: _____ Home phone: _____ Work phone: _____
Other contact: _____ Home phone: _____ Work phone: _____

Emergency Contact Information – Adults (18 years of age and up)

Contact #1: _____ Home phone: _____ Work phone: _____
Contact #2: _____ Home phone: _____ Work phone: _____

Release of Liability

Recognizing the possibility of physical injury associated with fitness activities and in consideration for the Wilson Central School District accepting the registrant as a member of its fitness facility, I hereby release, discharge, and/or otherwise indemnify the Wilson Central School District, their employees and associated personnel, and organizations and sponsors, their employees and associated personnel against any claim by or on behalf of the registrant as a result of the registrant's usage of the fitness facilities.

Member Signature: _____ Date: _____
Parent Signature (if a Minor): _____ Date: _____

Medical Release for Minor members

This form must be notarized if submitted by a minor.

My son/daughter has received a physical examination by a physician and has been found physically capable of participating in fitness activities. I hereby give my consent to have an athletic trainer and/or doctor of medicine or dentistry provide my son/daughter with medical assistance and/or treatment and agree to be responsible financially for the reasonable cost of such assistance and/or treatment.

Parent Signature: _____ Date: _____

STATE OF _____
COUNTY OF _____

Sworn to and subscribed before me on the _____ day of _____, 20 ____.

Notary Public in and for the State of _____
Commission expires _____

Charles R. Jufer Fitness Center Membership Registration

The Charles R. Jufer Fitness Center is a state-of-the-art fitness facility that offers a variety of exercise equipment and weights to meet all of your fitness needs. Locker rooms with showers are available to members. A CPR/AED certified supervisor is on duty at all times when fitness center is open to the students and community.

- ✓ **Yearly memberships are available for \$100 for adults.**
- ✓ **Senior memberships (55+) are \$30.**
- ✓ **Student memberships are \$30 for the year with proper school identification.**
- ✓ **Current Wilson CSD students do not need membership.**

The "membership year" begins on July 1st and ends on June 30th. Half-year memberships may be purchased starting January 1st. ***We do not offer any other pro-rated rates.***

Membership applications, with payment, should be submitted to the Wilson CSD Business Office at: 380 Lake St. Wilson, NY 14172.

Please make checks payable to the Wilson Central School District.

- ✓ Proper gym etiquette and attire are required.
- ✓ Please sign-in every time.
- ✓ Please change footwear during rainy/snowy days.
- ✓ Please clean up after yourself and put weights away.
- ✓ Please be respectful of others.
- ✓ During community hours, an adult must accompany children under 15.



	Community Hours	Student Hours	Lakemen Team Hours
Monday	5 – 7:30AM 6 – 8:30PM	2:30 – 3:15PM 6 – 8:30PM	4:30 – 6PM
Tuesday	5 – 7:30AM 6 – 8:30PM	2:30 – 3:15PM 6 – 8:30PM	4:30 – 6PM
Wednesday	5 – 7:30AM 6 – 8:30PM	2:30 – 3:15PM 6 – 8:30PM	4:30 – 6PM
Thursday	5 – 7:30AM 6 – 8:30PM	2:30 – 3:15PM 6 – 8:30PM	4:30 – 6PM
Friday	5 – 7:30AM	Closed	4:30 – 6PM
Saturday	8:30 – 11AM	8:30 – 11AM	8:30 – 11AM
Sunday	Closed	Closed	Closed
Summer Hours	<u>M-F</u> 5:30 – 7:30am <u>M-Th</u> 6 – 8:30pm	<u>M-F</u> 5:30 – 7:30am <u>M-Th</u> 6 – 8:30pm	

**hours subject to change*