

Elcho School District (ESD) Fitness Center Three Month Renewal

Member Information

Last Name, First Name, MI	Home Phone #	Cell #
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Responsibilities and Releases

I have a Membership Application on file within the last year. _____ **Initial**

FOB: On file _____ **OR** Gave # _____ and date _____

Date paid: _____ **Amount paid:** _____

Privacy – I understand that I will not take any type of photo, video or electronic data of members/students at any time. Conduct detrimental to the association and/or in disregard of the member policies and practices may result in suspension and/or termination of membership privileges. _____ **Initial**

Be advised that the District premises are under camera surveillance. _____ **Initial**

SIGNATURE _____ DATE _____

Parent's signature if individual is under the age of 18