NORFOLK
FITNESS & WELLNESS CENTER

☐ Membership ☐ Renewal ☐ Day Pass

Application Date: _____

Name: _____
(First) (MI) (Last)

Address: _____
(Street) (City) (State) (Zip)

Phone: (Home) _____ (Cell) _____

Email: _____

Gender: ☐ Male ☐ Female Birthdate: _____

Parent/Guardian Name:
(if under 18):_____ Phone: _____

Emergency Contact: _____ Phone: _____

Type of membership:

☐ Age 4 & Under (Adult supervision required)
☐ 5-8 Years(Adult supervision required)
☐ 9-14 Years (Adult supervision required)
☐ 15-23 Years
☐ 24-65 Years
☐ 66-80 Years
☐ 81 & Better (Free)

Statement of Understanding (Required to Join)

I hereby certify that I am physically able to engage in the Norfolk Fitness & Wellness Center activities for which I am registered and acknowledge and agree that the City of Norfolk has no knowledge of my physical condition or abilities and is relying entirely on me not to attempt to undertake activities at the Norfolk Fitness & Wellness Center which I am not physically fit or able to perform without risk to my health or safety. I acknowledge and agree that the City of Norfolk cannot make an independent evaluation of my physical health, condition, or abilities and is therefore relying upon my representation as stated herein.

I further hereby acknowledge that I have received a copy of the Norfolk Fitness & Wellness Center Membership Handbook and that I will abide by the policies and rules.

I understand that the annual membership fees to the Norfolk Fitness & Wellness Center are payable in one lump sum and that my membership is non-refundable and non-transferable.

Optional: I wish to partake in photography or videography to assist in marketing the NFWC:
☐ Yes ☐ No

Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____