



SILVER SNEAKERS MEMBERSHIP APPLICATION

PLEASE PRINT:

Name: _____ MI _____ Last _____
 Address: _____ City: _____ St. _____ Zip: _____
 Date of Birth _____ Phone: _____ Cell: _____
 Email address: _____
 Emergency Contact: _____ Phone No: _____

HEALTH HISTORY:

Heart Condition	Yes	No
Chest Pain	Yes	No
High Blood Pressure (over 140/90)	Yes	No
Pregnant	Yes	No
Uncontrolled Asthma or Other Lung Condition	Yes	No
High Cholesterol	Yes	No
Controlled Asthma	Yes	No
Faintness or Dizzy Spells	Yes	No
Smoke	Yes	No
Arthritis or Other Joint Condition	Yes	No
Diabetes	Yes	No
Osteoporosis or Other Bone Condition	Yes	No

<p>FOR INTERNAL USE ONLY:</p> <p>16-digit Tivity Number _____</p> <p>Insurance Carrier: _____</p>

CONDITIONS OF MEMBERSHIP

All members are required to present a current, valid Silver Sneakers membership card for identification when using the Beaverton Activity Center facilities. Membership cards are not transferable. Allowing another person to use your card could result in immediate termination of your membership. As a member of the Beaverton Activity Center, you agree to follow the policies, procedures and appropriate behaviors for the safety and comfort of all members and guests.

HOLD HARMLESS STATEMENT

Member specifically assumes all risks of injury arising out of his or her presence on or about the premises, or his or her use or intended use of equipment of facilities, or his or her participation in the activities of the Beaverton Activity Center, a Michigan corporation, on or about the premises and does hereby for himself or herself, his or her heirs, executors and administrators waive, release and agree to hold free from all claims for damages, the Beaverton Activity Center corporation, and its respective officers, directors, Board of Directors, members, employees or agents.

I have read, understand and agree with the Conditions of Membership and Hold Harmless Statement above. In addition, I understand and agree that the Conditions of Membership and the Hold Harmless Statement are in effect throughout my membership with the Beaverton Activity Center. I understand and agree that if the membership is interrupted for any reason, these agreements will remain in effect during the period of interruption as well as after the membership is reinstated.

Print Name: _____

Signature: _____ Date _____