

2020

West Central Community School District
Gym and Fitness Center Key Fob Check Out

Contact Information:

Name: _____

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

Home Phone: _____ Cell Phone: _____

Email Address: _____

Memberships

*Expire a year from the start date

_____ \$100 Family Membership (immediate family living in household)

_____ \$60 Individual Membership

_____ \$50 Senior Single/Married Membership (65 and older)

_____ \$10 Monthly Individual Membership

KEY FOB NUMBER ISSUED #	_____
MEMBERSHIP FEE	\$ _____
FOB DEPOSIT	<u>\$10.00</u>
TOTAL	<u> </u>

CHECK NUMBER: _____ CASH: _____

In addition, I agree to the terms and conditions described in the Facility Rental and Use Agreement developed by the Board of Education and Facility Rules and Regulations.

Signature of individual checking out fob

Date

West Central Community School District
Facility Rules and Regulations

Please read and initial each Facility Use Rules & Regulations, stating that you understand them:

___ The gym and/or weight room may be used from 5:00am-10:00pm outside of use by school activity or rental agreement.

___ Individuals of school age must have a non-student adult supervising weight room and gym use.

___ Individuals must be in 7th grade or older and be supervised to use the weight room.

___ For safety purposes, all participants must have a partner to use the weight room.

___ Participants must enter and exit the door nearest the weight room. All other doors must remain shut and unused.

___ Should any equipment or facility be damaged, contact the school office within 48 hours.

___ All equipment used is to be returned to the proper storage.

___ You affirm that you understand how to properly use all equipment.

___ You affirm that you are in good health and able to perform exercise.

___ You understand that failure to follow these guidelines will result in suspension or termination of access to the facility.

Signature of individual checking out fob

Date