



Zebulon Parks & Recreation Adult Fitness Room Membership

Participant Information

Name of Participant: _____

Sex: Male Female (please circle one) Date of Birth: ___/___/___

Address: _____ City: _____ Zip: _____

Day Time Telephone: _____ Night Time Telephone: _____

Email Address: _____

Emergency Contact: _____ Phone: _____

For Wake County Human Services Community Development Block Grant purposes, please use the following information to answer the question below.

Family Size	1	2	3	4	5	6	7	8
Household Income	\$42,600	\$48,650	\$54,750	\$60,800	\$65,700	\$70,550	\$75,400	\$80,300

Does your household income fall above or below the amount stated for your family size?

Above Below (please circle one)

I, the above named applicant for Fitness Room privileges, confirm that all the above information is accurate; I am over the age of 18 years and understand that failure to provide accurate information may result in forfeiture of privileges and facility use fees. Further, I agree to comply with all rules, regulations, and instructions given by Zebulon Parks and Recreation Department staff; and acknowledge my responsibility to properly use all exercise equipment and understand that my failure to obey rules and/or properly use equipment may result in forfeiture of privileges.

Release & Waiver

Knowing my physical and health conditions, I hereby assume all risks and hazards incidental to the conduct of the activities at hand. I hereby release the Town of Zebulon and its employees from any and all damages on behalf of the above named person.

Print Name: _____

Signature: _____ Date: _____

Children are NOT ALLOWED in the Fitness Rooms at any time. Failure to abide by this policy can result in your membership being revoked!! Thank you!!