The Wellness Center

THE LEAGUE

Membership Application

FOR OFFICE USE ONLY

___Pool ___Regular ___Premier

Dis. ND Ind. 2 Per. Family

Initiation Fee: $_____

Pro-Rated Amount: $_____

First Payment: $_____

Total Payment: $_____

Starting Date: _____

Expires On: _____

Staff Initials: _____

Last Name	**First Name**	**Middle Initial**	**Date of Birth**
Street Address			**Home Phone**
City	**State**	**Zip Code**	**Cell Phone**
Email Address			**Work Phone Ext.**
In Case of Emergency, Contact	**Relationship to Me (parent, child, etc.)**		**Contact Phone (H/C/W)**

This information helps the League with fundraising resources and grant opportunities to improve and support the needs of the organization.

Disabled:

___ Yes
___ No
___ I choose not to disclose

Has your doctor imposed any restrictions?

___ Yes ___ No If yes, please explain below:

_____
_____
_____
_____

Have you been a member before?

___ Yes ___ No When? _____

How did you hear about us?

Doctor _____
Physical Therapist _____
Friend/Family _____
Front Sign _____
Other League Program _____

The following demographical information is being requested to gather statistical data for reporting to the United Way of Central Maryland. Your information will be held in strictest confidence and will only be used to determine how The League can better serve you and maintain funding by the United Way.

Residency:

___ I am a city resident
___ I am a county resident
_____ County

Gender:

___ Male ___ Female

Race:

___ ___ African/American
___ ___ Asian
___ ___ Caucasian
___ ___ Hispanic/Latino
___ ___ Native American
___ ___ Pacific Islander
___ ___ Other: _____

Household Income:

___ $0-$15,000 ___ $15,001-$30,000
___ $30,001-$50,000 ___ $50,001-Over

WAIVER:

I understand that The League for People with Disabilities, Inc. assumes no responsibility for injuries or illnesses which I may sustain as a result of my physical condition or resulting from my participation in an exercise program, the use of any equipment, or other activities. I expressly acknowledge on behalf of myself and my heirs/clients that I assume the risk for any and all injuries or illnesses which may result from these activities. I hereby release and discharge The League, its agents, assigns, and/or employees from any and all claims for injury, illness, death, loss, or damage which I may suffer as a result of my participation in these activities.

I understand that The League is not responsible for personal property lost or stolen while members and/or program participants are using The League facilities or are on The League property.

_____ _____

Signature of Primary Member Date

_____ _____

Signature of Parent/Guardian (if member is under 18 or requires an aide) Date