

MONTGOMERY CARDIOVASCULAR ASSOCIATES
HEALTH AND FITNESS CENTER MEMBERSHIP APPLICATION

Date: _____

Name: _____ Home Phone: _____
 Last First

Cell Phone: _____

Home Address: _____

City/State/Zip: _____

Age: _____ Sex: M F Race: _____ Date of Birth: _____

Business: _____ Occupation: _____

Business Phone: _____ Marital Status: _____

In case of emergency notify: _____ Phone: _____

Type of Membership: Single _____ Family _____

Informed Consent:

"I hereby give my approval and assume all risk for participation in any and all MCA fitness activities. I assume all risks incidental to such participation. I do hereby waive, release, absolve, indemnify, and agree to hold harmless the Montgomery Cardiovascular Association/ Montgomery Young Men's Christian Association, and its employees, officers, directors, agents, volunteers, and representatives for any claim arising out of an injury or illness for any cause. I understand that neither MCA nor the YMCA provides health and accident insurance or any other coverage for accidents, sickness, or any types of injury."

Signature: _____ Date: _____ Staff: _____