CITY OF MILTON COMMUNITY CENTER
FITNESS ROOM MEMBERSHIP FORM

Monthly Renewal for _____

PLEASE PRINT

NAME:_____
First Middle Last

ADDRESS:_____

PHONE NUMBER:_____ _____ Male:____ Female:_____
Home Cell

S.S.#:_____ **OR** **D.L.#:**_____

Membership options run with the calendar:
(Monthly = 1st – 30/31st) (6 month = January – June or July – December) (Year = January – December)

FITNESS ROOM RULES, REQUIREMENTS, & REGULATIONS

- All people using the fitness room will be required to sign in and out at the reception desk (Legal name must be used).
- Proper exercise attire and athletic shoes are required.
- No food or drinks are allowed in the fitness room – plastic water bottles are permitted.
- Illegal substances, including alcoholic beverages, tobacco products, etc. are prohibited.
- Avoid making loud sounds (banging weights, yelling, dropping dumbbells, etc.)
- Refrain from using loud, foul, slanderous, or confrontational language.
- Profanity, offensive language, and offensive behaviors are prohibited.
- There is a 30 minute time limit on bikes and treadmill when others are waiting.
- No radios, tape or CD players allowed without headsets (must be turned down so no one else can hear).
- Must bring a workout towel and wipe off equipment after each use.
- Re-rack weights and return all other accessories to their proper locations.
- Please report any damage to equipment to the receptionist as soon as possible.
- Any misconduct, carelessness, damage to equipment and/or injuries are to be immediately reported to the receptionist.
- Abide by all rules listed here or posted in the building.
- Non-compliance with these rules may result in loss of fitness room privileges.
- **MUST BE 18 YEARS OF AGE OR OLDER TO BE A MEMBER**
- **CHILDREN UNDER 18 YEARS OLD ARE NOT ALLOWED TO ACCOMPANY ADULTS IN FITNESS ROOM (NO EXCEPTIONS)**

I have read, understood, and agree to the above rules, requirements, and regulations for Membership into the Fitness Room at the Milton Community Center.

_____ _____
Signature Date

****BELOW FOR OFFICIAL USE ONLY****

MONTHLY ($10) _____ **6-MONTH ($50)** _____ **YEARLY ($100)** _____

START DATE:_____ **ENDING DATE:**_____

RECEIPT #_____ **AMOUNT:**_____ **RECEIPT INITIAL**_____

Revenue Code: FR (Fitness Room)