



Membership Application

Primary Name: _____ Date of Birth: ___/___/___ Male Female

Address: _____ City: _____ State: _____ Zipcode: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Fitness/Recreation Pass

- Family
- Dual/Single Parent
- Individual Adult
- Individual Senior
- Senior Couple
- Teen
- 5 Visit
- 10 Visit
- 20 Visit
- 3 Month

Tennis Key

Aquatic Pass

- Family
- Dual/Single Parent
- Individual Adult
- Individual Senior
- Senior Couple
- Teen
- Babysitter

Combo Recreation + Aquatic Pass

- Family
- Dual/Single Parent
- Individual Adult
- Individual Senior
- Senior Couple
- Teen

Healthways SilverSneakers ID# _____

WAIVER

The City of Wyoming will not assume responsibility for any injury while participating in any athletic event, sports program, or any physically related activity. Certain risks are inherent during the participation in these events. Nor will the City of Wyoming be liable for lost or stolen items while members and/or program participants are using City of Wyoming facilities or are on City of Wyoming premises. I, the undersigned for myself, my heirs, and assigns, do hereby release the City of Wyoming, its employees and agents from any and all claims for injury, death, loss, or damage I may suffer as a result of my participation.

Member Signature _____ Date: ___/___/___

Office Use ONLY

New Membership Renewal

Membership # _____ Amount Paid \$ _____ Date: ___/___/___