

Fitness Membership

Memberships are non-refundable and non-transferable

BAY VILLAGE FITNESS ROOM at the COMMUNITY GYM REGISTRATION FORM

***Must register In-Person to obtain membership!
Memberships are purchased at the Recreation Department***

Address: _____ Bay Village, Ohio 44140

Home Phone: _____ Emergency Phone: _____

Email: _____

1. _____ Birth date: ___ - ___ - ___ Age _____
2. _____ Birth date: ___ - ___ - ___ Age _____
3. _____ Birth date: ___ - ___ - ___ Age _____
4. _____ Birth date: ___ - ___ - ___ Age _____
5. _____ Birth date: ___ - ___ - ___ Age _____

Deliver To:
Bay Village Recreation Department
303 Cahoon Road
Bay Village, OH 44140

Hours of Operation

During School Year

Monday -Thursday 6 am -2 pm; 5 pm-9 pm
 Friday 6 am - 2 pm; 5 pm-8p m
 Saturday 8 am - 4 pm
 Sunday 12 pm - 4 pm

Summer Hours:

Monday 10 am - 8 pm
 Tuesday 7 am - 8 pm
 Wednesday & Thursday 7 am - 7 pm
 Friday 6 am - 4 pm
 Saturday 9 am - 12 pm
 Sunday Closed

HOURS SUBJECT TO CHANGE

Waiver: By signing this form, the undersigned agrees, with the intent to be bound, to release and hold harmless the City of Bay Village, its officers, directors, agents, servants, employees, and insurers from any and all liabilities, claims and causes of action for any and all injuries to me or my children arising out of my or my child's participation, either active or passive, in any activity sponsored by the Recreation Department of Bay Village. Furthermore, this release bars all claims by the undersigned's children, heirs, assigns, executors, and administrators. In consideration for the execution of this release, the City of Bay Village agrees to allow participation in the activity for the signor or the signor's child. By signing this document I agree that the activity for which I participate involves risk of injury. I acknowledge this risk and hereby give up any and all legal rights I may have against the City of Bay Village, its officers, directors, agents, servants, and employees for injuries relating there from. I authorize the City of Bay Village to take and use without payment, photographs of me and/or my child during recreation programs/activities as needed for public relations purposes, marketing/advertising on the City Web Site or City Recreation Booklet.

Signature: _____ (Adult Member or Parent/Guardian for child under 18) Date: _____

Payment: _____ (Please make checks payable to Bay Village Recreation Department)

Credit
\$3.99 FEE

Cash

Check
Ck# _____

Circle: VISA/MASTERCARD/DISCOVER

Name on Card: _____ Card # _____ Exp. Date: _____

Register online at www.cityofbayvillage.com

440-871-6755