



Zebulon Parks & Recreation Adult Fitness Room Membership

Participant Information

Name of Participant: _____

Sex: Male Female (please circle one) Date of Birth: ___/___/___

Address: _____ City: _____ Zip: _____

Day Time Telephone: _____ Night Time Telephone: _____

Email Address: _____

Emergency Contact: _____ Phone: _____

For Wake County Human Services Community Development Block Grant purposes, please use the following information to answer the question below.

Family Size	1	2	3	4	5	6	7	8
Household Income	\$42,600	\$48,650	\$54,750	\$60,800	\$65,700	\$70,550	\$75,400	\$80,300

Does your household income fall above or below the amount stated for your family size?

Above Below **(please circle one)**

I, the above named applicant for Fitness Room privileges, confirm that all the above information is accurate; I am over the age of 18 years and understand that failure to provide accurate information may result in forfeiture of privileges and facility use fees. Further, I agree to comply with all rules, regulations, and instructions given by Zebulon Parks and Recreation Department staff; and acknowledge my responsibility to properly use all exercise equipment and understand that my failure to obey rules and/or properly use equipment may result in forfeiture of privileges.

Release & Waiver

Knowing my physical and health conditions, I hereby assume all risks and hazards incidental to the conduct of the activities at hand. I hereby release the Town of Zebulon and its employees from any and all damages on behalf of the above named person.

Print Name: _____

Signature: _____ Date: _____