



THE COMMONS
 OF EVERGREEN | *Community Center for Active Living*
 480 State Street • Holland, MI 49423

Membership Application

Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ County: _____ Township: _____
 Date of Birth: _____ Gender: Male Female
 Marital Status: Single Married Widowed Spouse/Partner Name: _____
 Emergency Contact: _____ Phone: _____ Relationship: _____
 Monthly Courier: Receive by mail Go Green (view on Evergreen website)
 Email Address: _____

Membership and fitness package options:

<u>Gold</u>	<u>Silver</u>	<u>Matinee</u>	
<input type="checkbox"/> \$420/year	<input type="checkbox"/> \$300/year	<input type="checkbox"/> \$200/year	
<input type="checkbox"/> \$35/month*	<input type="checkbox"/> \$25/month*	<input type="checkbox"/> \$17/month*	<i>*Monthly payments require additional authorization</i>

Membership-only options:

1 Year \$50.00 3 Years \$140.00 5 Years \$220.00 10 Years \$400 Lifetime \$840.00

Please bring or mail completed form to Evergreen Commons, 480 State St., Holland, MI 49423
 Payment Options: Cash Check (*payable to Evergreen Commons*)
 Credit Card #: _____
 Expiration Date: _____ Security Code: _____
 Mastercard VISA Discover

Participation Waiver and Release Agreement

Please read the following and sign and date at bottom of this form:

As a participant in activities (including fitness, the pool, the wood shop and corresponding equipment) and programs offered by Evergreen Commons, I do hereby acknowledge that I am voluntarily participating. I recognize that in any activity or program there may be certain risks of injury to myself. I declare that my health and physical condition is adequate to meet the physical requirements of the activities and programs in which I may participate.

I agree to hold Evergreen Commons, its respective agents, representatives, instructors, volunteers, elected officers and employees harmless and indemnify them from any and all claims for damages to person or property arising from participation in above described activities.

In the event of an emergency, I authorize Evergreen Commons to secure medical treatment deemed reasonable and necessary for my immediate care, and I agree that I will be responsible for payment of any medical services rendered to me.

Photo Release: I hereby give permission for Evergreen Commons to use my photo in its publications and for the purposes of public relations. Yes No

Signature: _____ **Date:** _____