



Health Club Membership Registration

Date: ____/____/____

Adult #1: _____ (Age) ____

Adult #2: _____ (Age) ____

Child #1: _____ (Age) ____

Child #2: _____ (Age) ____

Mailing Address: _____

Phone: (____) _____

Email Address: _____

Emergency Contact: _____ (Relationship) _____

Phone: (____) _____

Check Membership Type

One Month:

- Single \$40.00 **\$36.00**
- Couple \$60.00 **\$54.00**
- Family \$100.00 (Additional person \$10.00)

Six Month:

- Single \$180.00 **\$162.00**
- Couple \$270.00 **\$243.00**
- Family \$450.00 (Additional person \$10.00)

Three Month:

- Single \$90.00 **\$81.00**
- Couple \$135.00 **\$121.50**
- Family \$225.00 (Additional person \$10.00)

Family memberships are based on two adults and two children. Additional persons may be added at the rate based on membership selection. No group discounts permitted.

Signature: _____

(By signing above, you agree that you have received, read, and understood the Rules & Regulations)

To be filled in by Village by The Sea Staff:

Method of Payment: Cash or Check # _____

(Circle One & Include Check Number)