THE FAMILY LIFE CENTER

A Ministry of The Fellowship of Excitement

ENROLLMENT FORM

Personal Information

(Please Print)

Today's Date _____

Name _____

Spouse's Name _____

Mailing Address _____

City, State, Zip_____

Home Telephone _____

Business Telephone _____

Spouse's Business Telephone _____

DOB & Spouse's DOB _____

Email Address: _____

Are you a member of SBC? _____If not, where? _____

SBC Bible Study Member? _____If yes, which class?_____

Do you have a child(ren) that attend Second Baptist School? _____

TO BE FILLED OUT BY FLC CONTROL DESK STAFF

Date _____

Cash/Check # _____

Amount Paid _____

FLC Staff Name (print) _____

***If payment is in cash, write a receipt from receipt book and give copy to individual.**

***Regarding Program Fees:**

- **Each person 13 years and older needs to fill out a Health History Questionnaire AND a PAR-Q form.**
- **Those that are 70+ years must submit Physician's Approval Form.**

PROGRAM FEES *(Please check one)*

☐ Individual Membership ($25 per month)

☐ Married Couple Membership ($35 per month)

☐ Family Membership* ($45 per month)

☐ Senior Individual (65+) ($20 per month)

☐ Senior Married Couple (65+)* ($30 per month)

SERVICES *(Please check one, if interested in a locker)*

☐ Men's Half Locker ($5 per month)

☐ Men's Full Locker ($10 per month)

☐ Women's Half Locker ($5 per month)

☐ Women's Full Locker ($10 per month)

FAMILY MEMBERSHIP

Dependent Children

Please PRINT name(s) of all family members. ***Age*** ***DOB***

1. _____ _____ _____
2. _____ _____ _____
3. _____ _____ _____
4. _____ _____ _____
5. _____ _____ _____
6. _____ _____ _____
7. _____ _____ _____
8. _____ _____ _____
9. _____ _____ _____

FAMILY MEMBERSHIP INCLUDES:

- 2 hours of free childcare (8 weeks – 4 yrs.) in the Nursery or (4 yrs. - 10 yrs) in Rocket Town per day while you exercise.
- Foosball, ping pong, pool tables for older children.
- Children 13-15 are allowed to use FLC equipment ONLY if supervised by their parent.

Non-Family Membership requires a childcare fee of $5 per hour, per child per visit to FLC (2 hour limit)

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IMPORTANT INFORMATION

Please return this form to the Family Life Center, Second Baptist Church, 6400 Woodway, Houston, Texas 77057, with a $45 non-refundable application fee, the first month's program and services fees, and an FLC Payment Options Form.

Memberships must be canceled in writing. Cancellation will take effect 30 days after written notice. No refunds are given for semi-annual or annual memberships that are canceled.

Any outstanding balance at the time of cancellation must be resolved before a membership will be reinstated.

There will also be a $45 reinstatement fee for memberships that have been dropped.

MEDICAL INFORMATION *(Please Print)*

Family Physician's Name _____

Physician's Address _____

Physician's Telephone _____

Emergency Contact _____ Emergency Phone _____

Please indicate any special medical condition, medication or devices that limit physical activity and the specific individual concerned:

_____

_____

_____

_____

_____

**** Your personal & medical information is kept confidential by the FLC Medical information is used for emergency purposes.***

I understand and acknowledge that by signing this document I agree for myself and my dependent children, if any, to the following terms and conditions:

1. To abide by any and all rules and regulations now existing or to be promulgated by the FAMILY LIFE CENTER.
2. To authorize any FAMILY LIFE CENTER staff member, if in their sole discretion it is necessary, to administer first aid, contact my family physician, summon emergency medical care, or transport to a medical facility for treatment.
3. To forfeit any and all fees or other payments made to the FAMILY LIFE CENTER if my membership is cancelled or terminated for any reason. There will be no refunds.
4. To RELEASE, DISCHARGE and HOLD HARMELSS Second Baptist Church from any and all responsibility or liability for injury, damage, or loss of any kind involving the FAMILY LIFE CENTER, its programs, activities or equipment.
5. To acknowledge that the FAMILY LIFE CENTER is not responsible for any articles left in the FLC.
6. To complete Physical Activity Readiness Questionnaire(s) and to disclose any health history information that would affect my/our exercise program.

Date: _____ Signature: _____

Date: _____ Signature: _____

(If the member is under the age of 18 years, this Enrollment Form must also be signed by a parent or other legal guardian.)

Date: _____ Parent/Guardian: _____