



Health Club Membership Registration

Enrollment Date: ____/____/____

Adult #1: _____ (Age) ____

Adult #2: _____ (Age) ____

Child #1: _____ (Age) ____

Child #2: _____ (Age) ____

Child #3: _____ (Age) ____

Mailing Address: _____

Phone: (____) _____

Email Address: _____

Emergency Contact: _____ (Relationship) _____

Phone: (____) _____

Check Membership Type

- One Month:**
- Single \$55.00 **Senior (65+)** \$49.50
 - Couple \$75.00 \$67.50
 - Family \$115.00 (Additional person \$10.00)

- Six Month:**
- Single \$240.00 **Senior (65+)** \$216.00
 - Couple \$320.00 \$288.00
 - Family \$480.00
(up to 5 related family members)

- Three Month:**
- Single \$130.00 **Senior (65+)** \$117.00
 - Couple \$170.00 \$153.00
 - Family \$250.00 (up to 5 related family members)

*Family memberships are based on two adults and up to three related 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)