Diagonal Community Fitness Membership Form

Name: _____ Date: _____

Address: _____ Phone: _____

Email: _____

Please list family members, ages, and any medical conditions of those who will be utilizing the Diagonal Fitness Room. (Must be immediate family members, children, or spouse.)

Name	Age	Medical Conditions
_____	_____	_____
_____	_____	_____
_____	_____	_____

Emergency Contact Numbers (who we contact in case of an emergency)

Name	Number	Relationship
_____	_____	_____
_____	_____	_____

All members listed have reviewed and understand the rules of the Diagonal Fitness Room. It is understood that it is my responsibility as a member to report any equipment damage, inappropriate behavior, nonmember use, or other concerns directly to the Diagonal School Office at 734-5331.
Not responsible for accident or injury

_____ _____
Signature Date

*****Membership Valid For One Year from Signed Date*****

Please return this form to the school office or email to lmcnutt@diagonalschools.org