

**Gold's Gym / Gold's Gym Puckett  
Jet Volleyball – Membership Agreement**

Date:        /        /       

ASF# \_\_\_\_\_

Card# \_\_\_\_\_

**PARENT'S INFORMATION:**

<b>First Name:</b>	<b>Last Name:</b>	
<b>Parent's Cell Phone#:</b>	<b>Parent's Email:</b>	
<b>Mailing Address:</b>	<b>City:</b>	<b>Zip:</b>

**VOLLEYBALL PLAYER INFORMATION:**

<b>First Name:</b>	<b>Last Name:</b>	
<b>Date of Birth:</b> <u>      </u> / <u>      </u> / <u>      </u>	<b>Home #:</b>	<b>Cell #:</b>
<b>Email Address:</b>		

**EFT AUTHORIZATION:** I hereby authorize the gym to charge my account for payments due via Electronic Funds Transfer (EFT) as indicated below on the 2nd of each month:

I elect to pay via (EFT) from my Bank Checking Account Bank Name & City: \_\_\_\_\_

Account #: \_\_\_\_\_ Routing #: \_\_\_\_\_

I elect to pay via (EFT) Credit/Debit Card Card#: \_\_\_\_\_ Exp: \_\_\_\_\_

**Account/Cardholder Signature** \_\_\_\_\_ **Date:**        /        /       

The gym reserves the right to terminate this membership for cause if I, my family, or guests fail to obey all rules and regulations, use abusive language, threaten physical violence, engage in criminal activity, be a nuisance, disturb other members or staff, or fail to pay any amounts due under this Agreement in a timely manner. Loaning or sharing a membership card to a non-member is prohibited and will result in membership termination. No part of my down payment or unused membership fees shall be refunded.

**PARTICIPANT RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT  
READ BEFORE SIGNING**

I acknowledge, appreciate, and agree that K/M Amarillo Sports Teams, LLC. dba Gold's Gym urges me and all its members to obtain a physical examination from their personal physician prior to involvement in any activity offered at the gym. I certify that I have no physical or mental condition that precludes me from participating in the facility or its activities and I am not participating against medical advice.

I understand there are inherent risks of using the Equipment and participating in the activities offered by the gym, which may be foreseen or unforeseen, and agree to use these facilities entirely at my own risk. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby waive and release any and all rights to all claims and hold harmless K/M Amarillo Sports Teams, LLC. dba Gold's Gym, its directors, officers, employees and agents arising directly from any use of the gym and its facilities and equipment, including but not limited to, personal injury, bodily injury, death and all property damage, whether arising from the negligence of the gym or otherwise, to the fullest extent permitted by law.

**Participant Signature:** \_\_\_\_\_ **Date**        /        /       

**Parent or guardian, if under 18:** \_\_\_\_\_ **Date**        /        /       

**Gold's Gym:** \_\_\_\_\_ **Date**        /        /



**Gold's Gym  
Jet Volleyball**

**Emergency Medical Release**

(For players under the age of 18)

Player's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Parent's Emergency Contact Information;**

**Mother's Name** \_\_\_\_\_ **Cell PH** \_\_\_\_\_

**Home PH** \_\_\_\_\_ **Work PH** \_\_\_\_\_

**Father's Name** \_\_\_\_\_ **Cell PH** \_\_\_\_\_

**Home PH** \_\_\_\_\_ **Work PH** \_\_\_\_\_

***In case of emergency when parent/gaurdian cannot be reached, please contact the following:***

**Name** \_\_\_\_\_ **Cell PH** \_\_\_\_\_

**Name** \_\_\_\_\_ **Cell PH** \_\_\_\_\_

***This authorization for emergency medical treatment must be completed before a player begins participation. Treatment for injury will be based on information provided herein.***

**Hospital Preference** \_\_\_\_\_

**Physician's Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Allergies** \_\_\_\_\_ **Drug Allergies** \_\_\_\_\_

**Last Tetanus Booster Date** \_\_\_\_ - \_\_\_\_ - \_\_\_\_ **Does player have any condition that could potentially limit his/her physical ability or increase risk of injury as a result of participating in athletic activities? Yes**\_\_ **No**\_\_

**If Yes, please explain:** \_\_\_\_\_

**PARENT'S CONSENT:** As the parent or legal guardian of the above registered participant, I request that, in my absence, the above-named player be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given any guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named player. I certify that the information provided above is true and accurate to the best of my knowledge.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Parent or Guardian if under 18)