



Fitness Card Registration Form

Please print

Last Name		First Name		MI	Home Telephone Number ()	
Street Address			Apartment/Unit.No.		Work Phone ()	
City		State	Zip Code		E-mail Address	
Birth date			Male or Female	<input type="checkbox"/> I am interested in receiving information on other City of Tempe programs.		For office use only ... Barcode Number
In case of emergency notify:	Name		Phone		Relationship	

Fitness Card Type

Unlimited Use Fitness Card*

- 1 month card \$24
- 6 month card \$120
- 1 day trial free

Super Saver Fitness Card*

- 1 month card (**Valid only Mon - Fri 10am-4pm**) \$12
- 6 month card (**Valid only Mon - Fri 10am-4pm**) \$60

*Card only valid for the fitness center. An annual \$10 administrative fee will be added to first card purchase of each year.

Kiwanis Park Recreation Center Pass Use Guidelines

Thank you for your patronage of the Kiwanis Park Recreation Center. By purchasing this card, you have gained use of the Fitness Center and opportunities to participate in future pro-shop specials. Offers may be mailed to you as long as you are a current card holder.

Below is the agreement governing Fitness Card privileges at Kiwanis Park Recreation Center. By signing below, you are agreeing to the terms of use listed.

1. This card is **non-refundable and non-transferable**. The card is the property of the City of Tempe and can be revoked, and its privileges withdrawn at any time by the City of Tempe.
2. This card must be presented to KPRC staff upon entry to the facility.
3. The City of Tempe is not responsible for lost or stolen cards. Replacement cards may be purchased for \$5.
4. Fitness Center cards are not eligible for fee assistance.
5. This card and its privileges will not be honored for classes, programs or special promotional events.
6. Use of this card constitutes acceptance of the rules and regulations of the Kiwanis Park Recreation Center.
7. Falsification of information may result in termination of pass and/or facility use privileges.

Card Holder's Signature	Date
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(Parent or Guardian if Participant is under 18)

Reverse Side Must be Filled Out

