



Fitness Membership

Name _____ Sex _____ Age _____ Date of Birth ____/____/____

Address _____ City/State/Zip _____

Parent/Guardian Name (if under 18) _____

Home Phone _____ Cell Phone _____

How did you hear about Britton's Bullpen? _____

Emergency Contact _____ Phone _____

Are there any medical conditions to which we should be alerted? _____

Membership Type:	Family Membership Included	Junior Membership Included	Single Membership \$10/month
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ACCEPTANCE AND AGREEMENT

I/We hereby agree to accept and abide by the terms of this Fitness Membership Application and Agreement.

I/We understand that this membership agreement is for a term of twelve (12) months and will continue thereafter on a month-to-month basis unless cancelled by me (either of us).

_____ Initials

I/We (Member) hereby authorize Britton's Bullpen to effect payment for monthly dues and approved membership charges for the duration of my/our membership through electronic funds transfer. This authorization is to remain in full effect until Britton's Bullpen has received WRITTEN NOTIFICATION from me (either of us) on cancellation in writing by fax, by certified letter, return receipt requested THIRTY DAYS NOTICE.

_____ Initials

Member _____ Date ____/____/____

Member/Parent/Guardian _____ Date ____/____/____

Accepted By (BBI Staff) _____ Date ____/____/____