



Longfield Fitness Center Membership Application

Parks and Community Services Department

321 North Douty Street, Suite B

Hanford, CA 93230

Office (559) 585-2525

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Website: www.cityofhanfordca.com

TDD/TYY, Dial 711

Office Use Only:

- Adult Membership
- Senior Membership
- Monthly Payments \$ _____
- Annual Payments \$ _____
- Payment: _____ on: _____
- Membership Number _____

APPLICANT INFORMATION:

PREFERRED COMMUNICATION METHOD (CHECK ONE)

- RESIDENCE ADDRESS EMAIL TEXT

Full Name:			D.O.B.:	
Residence Address:				
Email Address:		Phone Number:		

Longfield Fitness Center Rules

1. Participating in any activity in the Fitness Center is voluntary and individuals assume all risks when engaging in any activities.
2. Use of equipment is on a first-come, first-served basis.
3. All equipment must remain in the Fitness Center.
4. No sandals, flip flops or bare feet will be allowed. Open-toed shoes are also not permitted.
5. Children under the age of 16 are not permitted in the Fitness Center.
6. Use of the facility while under the influence of illegal drugs or alcohol is prohibited.
7. Video or photography in the Fitness Center is not permitted without prior approval.
8. Failure to comply with any of these rules may result in removal from the Fitness Center.

BY USING THE LONGFIELD FITNESS CENTER, YOU VOLUNTARILY ASSUME ALL RISKS AND LIABILITY RELATED TO USING THE FITNESS CENTER. FOLLOW THE DIRECTIONS OF STAFF AT ALL TIMES. FAILURE TO DO SO COULD RESULT IN SERIOUS INJURY OR REMOVAL FROM THE LONGFIELD CENTER. USERS MUST NOT USE THE LONGFIELD FITNESS CENTER INTOXICATED OR IMPAIRED. THE CITY OF HANFORD RESERVES THE RIGHT TO REFUSE ACCESS TO THE FITNESS CENTER FOR ANY USER POSSIBLY INTOXICATED OR IMPAIRED. PARENTS AND GUARDIANS ARE SOLELY RESPONSIBLE FOR MINORS USING THE FITNESS CENTER. THE CITY OF HANFORD WILL HAVE NO RESPONSIBILITY OR LIABILITY FOR MINORS USING THE FITNESS CENTER. FITNESS CENTER USERS WAIVE, RELEASE, AND DISCHARGE THE CITY OF HANFORD FROM ALL INJURIES, CLAIMS, CAUSES OF ACTIONS AND DAMAGES CAUSED BY THE USING THE FITNESS CENTER.

IF YOU CHOOSE TO USE THE FITNESS CENTER, YOU VOLUNTARILY ACCEPT ALL RISKS ASSOCIATED WITH USING THE FITNESS CENTER.

Applicant Signature:		Date:	
Guardians Signature:		Date:	

Office Use Only:

Date Received:		Hanford Resident:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Payment Received:	<input type="checkbox"/> Check # _____	<input type="checkbox"/> Cash	<input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order # _____