



**Town of Shelter Island  
Shelter Island Schools**

Garth Griffin Town Rec. Program Coor.  
**631 749-0978**

<input type="checkbox"/>	F T College Student	\$ 85.00
<input type="checkbox"/>	Single Fitness Room	\$ 180.00
<input type="checkbox"/>	Single Tennis	\$ 180.00
<input type="checkbox"/>	Single Both F & T	\$ 255.00
<input type="checkbox"/>	Emergency Services	\$ 130.00
<input type="checkbox"/>	Family Fitness Room	\$ 275.00
<input type="checkbox"/>	Family Tennis	\$ 275.00
<input type="checkbox"/>	Family F & T	\$ 360.00

**Name:**

**Spouse Name:**

**S.I.# 631 749-:**  **P.O. Box :**

**Shelter Island, 11964**  **Shelter Is. Hgts., 11965**

**Date :**  **New Application:**  **Renewal:**

Complete the application, sign the waiver on back and return it along with a check made out to the Town of Shelter Island .



**You Can Start Immediately.**

**Rates subject to change when dictated by both the Town and the School Boards.**

- All memberships valid for the calendar year. ( January 1 - December 31, 2013. ) Absolutely **NO** prorating.
- Family membership structure— Member and spouse and / or children between ages of 18 and 23 residing at parents residence.
- Youth membership restrictions— **Tennis**-Youth under 16 can not play alone on weekends from 7:00 a.m. - 12:00 noon. **Fitness room** —Youth under 16 only during designated School programs. Youth between 16 –18 during designated School hours and selected F.I.T. hours.

**Shelter Island UFSD / Town of Shelter Island  
Liability Waiver and Release**

1. In consideration of being allowed to participate in the activities and programs of the F.I.T. Center and to use its equipment and machinery in addition to the payment of any fee or charge, I do hereby waive, release and forever discharge the Shelter Island Union Free School District and the Town of Shelter Island and its officers, agents, employees and representatives and all others from any and all responsibilities or liability from injuries or damages resulting from my participation in any activity or my use of any equipment or machinery in the above mentioned activities. I do hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability from any injury or damage to myself, including those caused by the negligent acts or omissions of any of those mentioned or others acting on their behalf or in any way arising out or connected with my participation in any activities of the F.I.T. Center or the use of any equipment at the center.

2. I understand and am aware that strength, flexibility, and aerobic exercise, including the use of equipment, is a potentially hazardous activity. I also understand that fitness activities involve a risk of injury and even death, and that I am voluntarily participating in these activities in using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risk of injury or death.

3. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation or use of equipment and machinery. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in any exercise/fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise and the use of equipment and training equipment so that I might have his/her recommendations concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and have been given my physician's permission to participate, or that I have decided to participate in activities and use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation in activities, and utilization of equipment and machinery in my activities.

Dated: \_\_\_\_\_

**Printed name of Participant :** \_\_\_\_\_

**Signature of Participant:** \_\_\_\_\_

*(Participant's Parent's / Guardian's Signature if Participant is under the age of 18)*

**Additional signature required for family membership.**

Dated: \_\_\_\_\_

**Printed Name of Additional Participant:** \_\_\_\_\_

**Signature of Additional Participant:** \_\_\_\_\_

*(Participant's Parent's / Guardian's Signature if Participant is under the age of 18)*