



Lone Star Physiques: Application for Membership

Join Date: _____ Full Pay E.F.T. CVA Payroll Deduction Other: _____

Type of Membership: Family Single Parent Family Adult Youth Sr. Adult Sr. Couple

(01) First Name _____ MI. _____ Last _____

M F Nonbinary I do not wish to disclose Birth Date ____/____/____

(02) Spouse First Name _____ MI. _____ Last _____

M F Nonbinary I do not wish to disclose Birth Date ____/____/____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ E-mail Address _____

Your Occupation _____ Employer _____

Spouse Occupation _____ Employer _____

Emergency Contact #1 _____ Relationship _____ Phone _____

Family Membership Information (List Last Name if Different)

List the names of everyone included in your family membership. Those included in your family membership must be claimed as a dependent on your Federal Income Tax Form. **THOSE OVER 18 AND NOT CLAIMED ON YOUR TAXES MUST HAVE THEIR OWN ADULT MEMBERSHIP.**

#	Dependent/Children's Names	M/F/NB /DND	Birth Date	Age	Relationship
03					
04					
05					
06					
07					
08					

Have you or any family member applying for membership been convicted of, or pled guilty to a sexual offense which would require registration, pursuant to chapter 589 RSMo? Yes No

In consideration of gaining membership or being allowed to participate in the activities and programs of Lone Star Physiques and to use its facilities and equipment in addition to the payment of any fee or charge, I do hereby waive, release, and forever discharge Lone Star Physiques and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above mentioned facilities or arising out of my participation in any activities at said facility. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any those mentioned or others, acting on their behalf or in any way arising out of or connected with my participation in any activities of Lone Star Physiques or the use of any equipment at Lone Star Physiques.

I understand that I am responsible for my children and dependents when they visit Lone Star Physiques. I understand that if I bring a child under the age of 12 to Lone Star Physiques, I am responsible not only for their safety but also for their activities. _____ (Please initial your acknowledgment)

Signature _____

Date _____