

**Senior Exercise Class
 Membership Application:
 Monday/Wednesday/Friday 2008
 9:30am-10:10am**

Applicants Information:

Name: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Age: _____

Medical Insurance Coverage: _____

Monthly Membership Dues:

January 2008	\$12.00	pd.	Check Number: _____
February 2008	\$12.00	pd.	Check Number: _____
March 2008	\$12.00	pd.	Check Number: _____
April 2008	\$12.00	pd.	Check Number: _____
May 2008	\$12.00	pd.	Check Number: _____
June 2008	\$12.00	pd.	Check Number: _____
July 2008	\$12.00	pd.	Check Number: _____
August 2008:	\$12.00	pd.	Check Number: _____
September 2008	\$12.00	pd.	Check Number: _____
October 2008	\$12.00	pd.	Check Number: _____
November 2008	\$12.00	pd.	Check Number: _____
December 2008	\$12.00	pd.	Check Number: _____

It averages out to \$2.00 a class.

****Indemnity Form****

I agree to indemnify, defend and hold harmless Morrice Community Senior Center and the Village of Morrice and the employees, from and against all demands, claims, suits, liability and cost including legal fees resulting from an injuries, property damage, theft, or loss by myself or anyone with me at this class. January 7, 2009

Signature _____