

# DEER LAKE ATHLETIC CLUB

## Membership Application

Date \_\_\_\_\_ Membership # \_\_\_\_\_

Family / Individual / Senior / College \_\_\_\_\_ Pro-Ration Bkdn \_\_\_\_\_

(Circle One)

IHV / Liability Signature \_\_\_\_\_

Initiation Fee \_\_\_\_\_ Staff \_\_\_\_\_

Member \_\_\_\_\_ Date of Birth \_\_\_\_\_

Spouse \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Email Address (Member) \_\_\_\_\_

Email Address (Spouse) \_\_\_\_\_

Cell Phone(s) \_\_\_\_\_ Work Phone(s) \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

*I understand that I am applying for a one year membership at Deer Lake Athletic Club, Inc., which will amount to \$\_\_\_\_\_ per year, payable in advance if an Annual Membership, or payable in monthly payments of \$ \_\_\_\_\_ on my VISA or MasterCard if an In-house VISA membership. Monthly memberships not guaranteed by an In-house Visa are charged and additional \$5 per monthly membership transaction. I understand that Initiation and Membership fees are nonrefundable. Cancellation of any membership must be via written notice received 30 days prior to desired cancellation date. In-house VISA will be charged pro-rated IHV rates for that 30 day period. Renewal of members on the In-house VISA will be automatic unless we receive written cancellation notice 30 days prior to desired cancellation date. X \_\_\_\_ Failure to comply with the rules and regulations of the club or to observe and respect the privileges of others shall constitute grounds for termination of membership by the club management at its discretion. Prices and policies are subject to change without notice.*

**Member Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**How did you hear about DLAC?** \_\_\_\_\_

**Referring Member** \_\_\_\_\_

### IN-HOUSE CHARGE AUTHORIZATION

(please circle one)

I authorize Deer Lake Athletic Club, Inc. or Back Court Restaurant, to transfer my balance to VISA, MasterCard or Amex.

Name on card \_\_\_\_\_

Account Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ CW \_\_\_\_\_

Signature \_\_\_\_\_

*Your signature acknowledges your responsibility to keep your VISA, MasterCard or Amex current and within all credit lines.*

### Please Circle Interests:

Tennis Swim Cycle Fitness Racquetball Yoga Group Fitness Wallyball Weight Training  
Zumba Pilates Aqua Aerobics Personal Training Summer Camp Pickleball

6167 White Lake Road, Clarkston, Michigan 48346 248.625.8686 www.deerlakeathleticclub.com

## POLICIES

- \*DIVE IN DEEP END ONLY.
- \*SWIM ONLY WHEN LIFEGUARD IS PRESENT.
- \*WRISTBANDS REQUIRED for all in the pool and on the pool deck.
  - \*Members and Paid Guests only.
  - \*Shower before water entry.
- \*Food and drinks are welcome beyond the green grates only.
  - \*All under age 16 must be supervised by an adult.
  - \*Supervise your children, always.
- \*Children not potty trained must wear swim diapers in the pool.
- \*Swimmers may bring their own approved toys and equipment.
  - \*DLAC toys and swim equipment are for swim classes only.
  - \*Lap lanes are for lap swimmers only.
  - \*Obey all Diving Board Rules.
  - \*Walk, don't run.
- \*Persons under the influence of alcohol or drugs not permitted in pool area.
  - \*We are not responsible for lost or stolen items.
  - Maximum Capacity is 150 persons.

## **Prohibited**

DIVING ANYWHERE BUT THE DEEP END  
Outside Food or Beverages \* Coolers \* Glassware  
Radios  
Rafts \* Mermaid tails \* Footballs or other projectiles  
Street shoes on pool deck  
Hanging on lane dividers  
Open wounds or infectious conditions in pool  
Smoking \* Vaping

## LIABILITY

1. In consideration of being allowed to participate in any way in any and all programs and related events and activities, I, the undersigned, acknowledge, appreciate and agree that:
2. The risk of injury from activities involved in this program is significant, including potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist and,
3. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISK, both known and unknown. EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, or others, and assume full responsibility for my participation; and,
4. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official and/or representative of Deer Lake Athletic Club, Inc. immediately, and,
5. I, for myself, and on behalf of my heirs, assigns and personal representatives, and next of kin, HEREBY RELEASE, INDEMNIFY AND HOLD HARMLESS THE DEER LAKE ATHLETIC CLUB, INC., AND their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and., if applicable, owners and lessors of premises used to conduct the event (RELEASEES), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE to the fullest extent permitted by law; and,
6. I shall assume all responsibility for any and all guests I bring to the facility and likewise release Deer Lake Athletic Club, Inc., from any and all liability resulting from the guest's actions and/or inactions.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT AND FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT FREELY AND VOLUNTARILY WITHOUT INDUCEMENT.**

Master Member Signature \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_  
Spouse Signature \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_  
Additional Adult Signature \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_

### FOR PARENTS / GUARDIANS OF PARTICIPANTS OF MINOR AGE

This is to certify that I, as parent / guardian with legal responsibility for all participants of minors under my care, do consent and agree to his/her/their release as provided above.

Master Member Signature \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_