

Fitness Center Registration

Lake Bluff Park District Fitness Center Membership Registration

355 W. Washington Avenue Lake Bluff, Illinois 60044 • Phone 847-234-4150 x 35 • Fax 847-234-7275

| Type of Membership | Resident | Non-Resident |
|---|----------|---------------|
| *Individual (18–61 years) | \$310 | \$495 |
| *Individual Plus Classes (18–61 years) | \$630 | \$1005 |
| *Youth (14-17 years) | \$220 | \$350 |
| *Senior (62 years and older) | \$240 | \$385 |
| *Senior Plus Classes (62 years and older) | \$480 | \$765 |
| *Track only (14 years & older) | \$145 | \$235 |
| *New Member Enrollment Fee (applies to first-time members for all year-long memberships with the * — not charged on renewals) | \$50 | \$50 |
| Track only (Residents 62 years and older) Mon-Fri 9-11 am & 1-3 pm | Free | Not Available |
| Daily Use (14 years and older) | \$10 | \$12 |
| Track Only Daily Use (14 years and older) | \$5 | \$6 |
| Holiday Pass (November 21–January 15) | \$125 | \$150 |
| 10 Daily Fitness Passes to Use Fitness Center | \$90 | \$120 |

All Fitness Center and track memberships are for one year beginning at date of purchase for individuals 14 years and older. A picture membership card will be issued and must be presented each time the facility is used. If no membership card, please present driver's license. Refunds allowed only for medical disability or relocation reasons. Verification required. Memberships are not transferable. Proof of residence and age are required through photo ID. **Children under the age of 14 will not be permitted in the Fitness Center or on the second floor at any time.** First-time year long memberships should sign up for their club orientation along with an assessment upstairs at the Fitness Desk.

| First & Last Name | Birthdate | Gender M/F | Type of Membership | Fee |
|-------------------|-----------|------------|--------------------------------------|-----|
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | New Member Enrollment Fee Per Person | \$ |
| | | | TOTAL | \$ |

Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____ Email _____

Payment Cash Amount Paid \$ _____

Options: Check Make payable to Lake Bluff Park District

Credit MasterCard Visa (Circle one and complete below)

Card # _____

Exp. Date _____ Total Payment \$ _____

Signature _____