



LINDBERGH CENTER
ANNUAL MEMBERSHIP FORM

NAME: _____

ADDRESS: _____

CITY: _____ ZIP: _____

PHONE: H) _____ W) _____

MEMBERSHIP RENEWAL? YES or NO
If YES, ID # _____

In case of emergency, please notify:

NAME: _____

PHONE: H) _____ W) _____

Consult your physician before beginning any exercise program.

I do hereby release the Lindbergh Center, Hopkins School District 270, City of Minnetonka and Community Education, from any responsibility and/or liability for my safety, well-being and property while on the premises or participating in any of the Center's amenities.

Signature _____ Date _____

For Family Memberships Only:

Please list all family members residing at the above address who will be included in your family membership:

ANNUAL MEMBERSHIP FEES

(Please Circle)

Type	Use	Resident	Non-Resident
Adult	Basic	\$60.00	\$85.00
Adult	Complete	\$85.00	\$125.00
Family	Basic	\$90.00	\$130.00
Family	Complete	\$130.00	\$190.00
Senior	Complete	\$35.00	\$50.00
College	Complete	\$35.00	\$50.00
Student	Complete	_____	\$60.00
Daily	Complete	\$3.00	\$3.00

*** 10 Daily Use Punch Card is available for \$25.00***

FAMILY refers to 2 or more participants in a household.

SENIOR refers to any adult 60+ at the time of enrollment.

COLLEGE refers to any college student with a current college enrollment.

Proof of enrollment is required.

STUDENT refers to any child age 12 and over not enrolled in the Hopkins School District 270 or residing in the city of Minnetonka. Students enrolled in the Hopkins School District or currently residing in the City of Minnetonka are allowed entrance at no charge during regular use hours. **Student ID is required.**

Children under the age of 12 require adult supervision at all times. Children under the age of 12 may not access the cardio or weight room.

BASIC use refers to open gym, the walk/jog track, and community locker rooms.

COMPLETE use includes the weight room in addition to basic use.

RESIDENT refers to all residents of the Hopkins School District 270 and/or the City of Minnetonka. Photo ID is required for proof of residency.

NON RESIDENT refers to all other users.

Please describe any current health problems or disabilities:

Make checks payable to Lindbergh Center.

OFFICE USE ONLY

NEW RENEWAL

Check # _____ Membership # _____

Amount _____ Exp. Date _____