



Punch Card Application

Reg # _____

1700 Breckenridge Street
 Phone: 920-387-7988 Fax: 920-387-7707 (X) Liability Waiver _____
 e-mail: mayvillecity/tagcenter.com

(X) Physical Profile _____

Primary/Guardian

First Name _____ Last Name _____ MI _____

Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ E-mail Address _____

Emergency Contact: Name _____ Phone # _____

Card Holder Names (X for Special Assistance)	M/F	Birthdate

10 VISIT PUNCH CARD ~ Circle choice

	<u>Resident</u>	<u>Non-Resident</u>	Cash _____
<u>AQUATIC ONLY</u>	\$40.00	\$45.00	Check # _____
<u>FITNESS ONLY</u>	\$70.00	\$75.00	Credit Card _____
			# _____ \$ _____
			Gift Certificate

(ALL PUNCH CARDS WILL EXPIRE ONE (1) YEAR FROM THE DATE OF PURCHASE)

WAIVER: I authorize the City of Mayville TAG Center staff and volunteers to act according to their best judgment in any emergency requiring medical attention. I hereby waive and release the City of Mayville TAG Center staff and volunteers from any and all liability and cost associated with the program/class. I further understand that I or my medical insurance carrier will be responsible for any expenses arising from said emergency or treatment. Participants will be expected to follow rules and instructions from staff. Violations and disruptive behavior on a continued basis will result in dismissal. In the event of dismissal, fees will not be refunded.

The TAG Center reserves the right to change schedules and hours.

Primary/Guardian Signature: _____ Date: _____