

Member Registration

Date _____

Member # _____

PRIMARY MEMBER (Parent or guardian for applicants under 18 years)

Member name: _____ Birth date: _____ Age _____ Gender: M F

Home Mail Address: _____ City: _____

State: _____ Zip: _____ Home phone: _____ Cell: _____

Email address: _____ Would you like to receive our email newsletter: Yes No

Employer: _____ Work number: _____

Emergency Contact (required): _____ Phone: _____

Other than in your household

2nd family member: _____ DOB: _____ Age _____ Gender: M F Member# _____

Add. family member: _____ DOB: _____ Age _____ Gender: M F Member# _____

Add. family member: _____ DOB: _____ Age _____ Gender: M F Member# _____

Add. family member: _____ DOB: _____ Age _____ Gender: M F Member# _____

(Please list all children) _____

Membership Notes: (to be completed by Staff only) _____

Member Handbook Summary and Acknowledgement

Member conduct and right to use the facility Initials _____

Applicant agrees to abide by all standards of The Wave and understands that failure to act in accordance with these may result in expulsion from The Wave and revocation of membership.

Monthly Dues Initials _____

Monthly payments are due on the fifth of every month; please refer to the Payment Option Form for payment options. Monthly dues entitle the Member to use the Wave's facilities within the scope of the type of membership selected. The Member is obligated to pay monthly dues regardless of whether or not the Member actually uses the Wave's facilities.



1250 Baker Avenue
Whitefish, MT 59937
406-862-2444
Fax 406-862-1844
www.whitefishwave.com

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Hold Policy Initials _____

You may place your membership on a **one month hold once a year** with a signed digital “Hold Request Form” from our website submitted by the **25th** of the month prior to the month the hold request is to be effective. Hold requests received after the **25th** of the month will be processed the next month, e.g., a request on Feb 26th will not go into effect until Apr 1st. The hold period is valid with the following specifications:

1. The entire membership must go on hold or it will not be granted.
2. The dues fee is \$25.
3. All member benefits will also be on hold (member guest passes, discounted guest pass fees, discounted/early swim lesson sign up, etc.)

Medical Hold Policy Initials _____

You may place your membership on a **no-cost medical hold** in the event of an injury, illness or physician’s orders to halt your workouts. You will need to submit a signed digital “Medical Hold Request Form” from our website with **written physician’s orders** stating the period you are unable to use the Wave.

Termination Policy Initials _____

You may terminate your membership with a signed digital “Cancel Request Form” from our website by the **25th** of the month prior to the month that you wish to cancel. All balances owed to the Wave must be paid in full and keys returned. If you cancel and wish to rejoin at a later date, you will be charged a re-enrollment fee. **Annual Memberships may be cancelled due to a move outside 20 miles from the club or medical mandates.**

Property Loss Initials _____

The applicant understands that The Wave is not responsible for personal property lost, damaged or stolen while using The Wave facilities or participating in Wave programs. We encourage members to lock up personal items.

Insurance Initials _____

The applicant understands that The Wave does not provide any accident or health insurance for its members or participants and further understands it is the applicant’s responsibility to provide such coverage.

Children Initials _____

Children under the age of 14 must be accompanied by an adult at all times; with the exception of children in the Children’s Depot or enrolled in a Wave supervised activity. Please refer to the Member Handbook (available online) for Aquatic and Fitness areas age requirements.

Acceptance Initials _____

I have been given the Member Handbook highlights and have been made aware the full version is available through whitefishwave.com. I agree to comply with the rules and regulations set by The Wave as they now exist and as they hereafter are amended. Should I decide to cancel my membership, I agree to give written notice to The Wave 5 days prior to requested month of cancellation. I understand that dues are not based on attendance and that **I am liable for all dues up to the time of written cancellation.** Forms for cancellations/hold for membership may be completed through our website.

I have read the above information and fully understand the contents.

Dated: _____ Signature: _____

Dated: _____ Signature: _____

Staff Signature _____ Date _____



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