



Family/Authorized Guardian Form

Member Non-Member

Per Ascension Genesys Health Club’s Rules and Bylaws, a completed Family Form must be on file. *Family Form* guests (13 years of age and older) may visit Ascension Genesys Health Club with or without a Member, as long as the primary account is **active, current guest fees will apply**. Non-members/Walk-in Guests may visit Ascension Genesys Health Club, current guest fees will apply.

<p><i>Domestic Partners must show Drivers License with matching address to be active</i> Spouse / Domestic Partner: (circle one) Birthdate: Gender: M / F</p>
<p><i>Primary and/or domestic partner’s children only</i> *Children: Age: Birthdate: Gender: M / F</p>
<p>Parents: Birthdate: Gender: M / F</p>
<p>*Grandchildren: Age: Birthdate: Gender: M / F</p>

***An electronic Liability Waiver & Assumption of Risk must be submitted and on file to activate children 17 years and younger and grandchildren 12 and younger.**

PRIMARY NAME (PRINTED): _____

SIGNATURE: _____ **DATE:** _____

Family/Authorized Guardian Form:

(Please complete this section for families with children 12 and under.)

Kids Corner at Ascension Genesys Health Club is a drop-in childcare service available to AGHC members/non-members during their use of our facility. Parents/Guardians MUST remain in the building and accessible by phone and/or paging system as long as your child(ren) are in the care of Kids Corner.

****Please complete the following information and return to Membership prior to your first visit to Kids Corner.****
****RESERVATIONS REQUIRED****

Primary Member/Parent NAME: _____

(Please Print)

*****MEMBERS ONLY*****

Provide names of ADULTS (18+), other than parents authorized to **drop off** or **pick up** your child(ren)/grandchildren in Kids Corner:

(Non-Members are not eligible to request additional authorized guardians.)

Add Remove

Name: _____ Date of Birth: _____
First Last

Cell Phone: _____ Email: _____

Address: _____

Add Remove

Name: _____ Date of Birth: _____
First Last

Cell Phone: _____ Email: _____

Address: _____

I authorize the individuals listed to drop off or pick up my child(ren) from Ascension Genesys Health Club's Kids Corner. Your child will not be released to anyone other than his/her parent/guardian and the persons listed above. Parent/Guardian must notify Kids Corner staff of arrangements for child's pick up. In addition, I understand that it is my responsibility to make sure this information is accurate, and changes are submitted in writing to Membership.

Member/Non-Member

Parent Signature: _____ **Date:** _____