

# Pottstown Athletic Club

## MEMBERSHIP AGREEMENT

NAME \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE (Home): \_\_\_\_\_ (Cell) \_\_\_\_\_

Email Address \_\_\_\_\_

Training Commitment (circle)      **6 months**      **9 months**      **1 year**  
(120 day minimum commitment)

*( Please circle the following program that apply )*

|                             |                          |                          |
|-----------------------------|--------------------------|--------------------------|
| Kayaking                    | Dragon Boating           | Community Service        |
| Strong Man                  | Sports Clinic            | SRAC Outdoors            |
| Seminar                     | Guardian Angels          | Wrestling                |
| CrossFit                    | Karate                   | Weightlifting            |
| Individual \$65.00 Donation | Couple \$100.00 Donation | Family \$150.00 Donation |

### Release of Liability and agreement to terms

I \_\_\_\_\_, release Robert Matthews / Pottstown Karate Club / Pottstown Athletic Club and all associates from any and all liabilities, also to include responsibilities that may result from arriving, entering, training, testing, departing from PKC / PAC training and test facilities. I am aware that training includes possible physical contact and if injuries occur, I assume full liability and responsibility. I am financially responsible for my training commitment.

\_\_\_\_\_ Signature (parent or legal guardian if under 18)

