



Muskogee Swim & Fitness Center  
566 N. 6th Street  
Muskogee, OK 74401  
918-684-6304

## Teen Membership Certification Course (ages 13-15)

**Cost: \$25 (Includes Joining Fee)**

**Please call our Fitness Coordinators, Kent or Clint to schedule.**

**Course takes approximately 1.5 hours.**

**Pre-enrollment & payment is required to participate in the course!**

Teen Fitness orientation is required before a teen membership may be purchased. During the orientation teens will become familiar with the facility, learn facility etiquette and become acquainted with many aspects of health and fitness through fun, hands on learning activities. Each participant will receive a packet that will lay out facility rules and guidelines, as well as, general fitness etiquette. At the end of the orientation teens will complete an equipment orientation to ensure they are comfortable using the fitness center without supervision.

**Teen membership criteria:**

- Parent or Guardian must be a member. Teens will join as an add-on to their parent/guardian's membership at the price of a regular add-on member. (No one under the age of 16 may be a primary member.)
- Teen members add-on's must meet our standard membership additional family member guidelines and be considered a dependant of the parent member.
- Teens may workout without parent's supervision while following all facility rules & guidelines.
- Teens may attend all Group Fitness classes offered.
- Pool may only be used during scheduled pool activities (i.e. Lap Swim, H2O Aerobics).
- Inappropriate behavior or inability to follow facility rules may cause termination of membership without refund.

Teen's Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Circle One Male/Female

Primary Member/Parent Name: \_\_\_\_\_ Membership Key Tag #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Additional Phone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY!

Payment Date: \_\_\_\_\_ \$ Amount: \_\_\_\_\_ Cash/Check # \_\_\_\_\_ /VISA/MC/DISCOVER Staff Initials: \_\_\_\_\_

Date Completed Certification: \_\_\_\_\_ Certification Instructor Name: \_\_\_\_\_