

Silver Sneaker Application

Please print clearly

Silver Sneaker Id# _____

Insurance Provider: _____

Customer Name _____
(First Name) (Last Name)

Address: _____
(Street) (City) (State) (54724)

Phone: _____ **Email Address:** _____

Age _____

Secondary Contact Information:

Name _____
(First Name) (Last Name)

Relationship _____

Contact Phone # _____

Each time that you use the pool whether it is for a class or pleasure swimming, you MUST scan your card on the computer and also sign in the Silver Sneaker Log.

If you do not follow the above procedure we will not be able to honor the Silver Sneakers and you will be charged accordingly.

The Bloomer Area Aquatic and Recreation Center does reserve the right to discount the Silver Sneakers program if it is found to not be beneficial to our operations.

(Signature of Member)

(Date)