Family/Authorized Guardian Form

Per Henry Ford 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 Henry Ford 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 Henry Ford Genesys Health Club, current guest fees will apply.

Spouse or Domestic Partner: Birthdate: Gender: M/F (Circle One) (Domestic Partners must show ID with matching address to be active)		
*Children: Age: Birthdate: Gender: M/F	(Primary and/or domestic partner's children only)	
Parents: Birthdate: Gender: M/F		
*Grandchildren: Age: Birthdate: Gender: N	M/F	
A liability Waiver & Assumption of Risk must be submit	itted and on file to activate children 17 years and younger and grandchildren 12 and younger.	
rimary Member's Name (Printed):		
ignature:	Datas	



Family/Authorized Guardian Form

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

Kids Corner at Henry Ford Genesys Health Club offers childcare services which are available to HFGHC members ONLY during their use of the facility.

Parents/Guardians MUST remain in the building and accessible by phone 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**

************	************** MEMBERS ONLY ****	*****************	
Provide names of ADULTS (18+) who are <u>current members</u> that are authorized to drop off or pick up your child(ren)/grandchild(ren) in Kids Corner."			
□ Add □ Remove			
Name:		DOB:	
Cell Phone:	Email:		
Address:			
□ Add □ Remove			
Name:		DOB:	
Cell Phone:	Email:		
Address:			
Club's Kids Corner. Your child wersons listed above. Parent/Gua In addition, I understand that	vill not be released to anyone o ardian must notify Kids Cornel	ld(ren) from Henry Ford Genesys Health other than their parent/guardian and the r staff of arrangements for child's pick u e sure this information is accurate, and o Membership.	
rent Signature:		Date:	

