



## MEMBERSHIP APPLICATION & AGREEMENT

**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Billing Address:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Can we add you to our email list?**  **Yes**  **No** (We never share or sell personal information.)

MEMBERSHIP	1 MONTH	3 MONTHS	YEAR	INDIVIDUAL NAMES & DOB FOR FAMILY MEMBERSHIPS
Youth / Student	\$37	\$105	\$400	1.
Adult	\$50	\$142	\$540	2.
1 Adult Family	\$55	\$157	\$594	3.
2 Adult Family	\$66	\$188	\$712	4.
Senior (65+)	\$47	\$134	\$508	5.
Senior Family	\$63	\$180	\$680	6.
Silver Sneakers	Silver & Fit	Renew Active	BSD Student	7.

***Under the age of 12 only admitted with Parent/ Guardian.***

Recreation and Fitness Resources does not assume responsibility for accidents or injuries. Everyone using this facility does so at their own risk. Wisconsin Statute 895.525

- I have read and understand** the policies outlined at Bayfieldrec.org/policies.
- I understand** that Recreation and Fitness Resources reserves the right to modify or discontinue any policy at any time and in its sole discretion, with or without prior notice.
- I request 24 Hour Access.** I understand that I may not share my fob with others, including family members and that I will not allow entry (open door) to others – including known persons or members.

*\*Overnight hours are only for those over 18. please visit our website at bayfieldrec.org/policies or scan the QR code with your phone's camera.*



**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**I have read and agree to abide by the above statements & protocols.**



RECREATION  
AND FITNESS  
RESOURCES

# Bayfield Rec Center

## Automatic Payment Form

### Registration & Authorization

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Last, First Name

I, \_\_\_\_\_, hereby authorize Recreation & Fitness Resources to withdraw monthly payments for my membership for the Bayfield Rec Center. \_\_\_\_\_

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Name as it appears on card

\_\_\_\_\_

Billing Address

\_\_\_\_\_

City/State/Zip Code

\_\_\_\_\_

Card Number

\_\_\_\_\_

Expiration Date

\_\_\_\_\_

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**All payments will be withdrawn on the \_\_\_\_ of the month. If that day falls on a weekend, the payment will be withdrawn on the next business day.**

**Please notify us in writing by one week before the withdrawal date to:**

- **Cancel automatic payments**
- **Update payment information**

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Customer Signature

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Date