



MEMBERSHIP APPLICATION & AGREEMENT

Name: _____ DOB: ____/____/____

Mailing 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 (5% discount)	YEAR (10% discount)
Youth / Student	\$37	\$105	\$400
Adult / Senior	\$50	\$142	\$540
*Family	\$66	\$188	\$712

*Family membership = 2 adults in the same household + dependent children.

Individual Family Member's Names	Date of Birth
1	
2	
3	
4	
5	
6	

Under the age of 12 only admitted with Parent or 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.