



MEMBERSHIP REGISTRATION FORM & AGREEMENT

Name: _____ **DOB:** ____/____/____ **Date:** _____

Billing Address: _____ **City/State/Zip:** _____

Email: _____ **Phone:** _____

Emergency Contact: _____ **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 responsibilities for accidents or injuries. All persons using this facility do so at their own risk. Wisconsin Statute 895.525

I understand that in order to use the facility at this time, there are additional rules to protect the safety of patrons and staff. These are set in accordance with CDC and State of Wisconsin Safety Guidelines. Failure to comply will result in a suspension of my membership and I will not be admitted to the facility until these measures are no longer required. I agree to:

- Provide current contact information in case I need to be contacted by RFR or Bayfield County Health Dept.
- Check-in at the front desk each visit & practice social distancing while on the RFR premises.
- Clean/Sanitize all surfaces of my workout station/machine both before and after I exercise.
- Not visit the Bayfield Rec Center if I am ill or show symptoms including cough, fever, and shortness of breath, returning only when symptom-free.

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

Signature: _____ **Date:** _____