

# 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	\$34	\$97	\$375	1.
Adult	\$46	\$131	\$497	2.
1 Adult Family	\$50	\$142	\$540	3.
2 Adult Family	\$60	\$171	\$648	4.
Senior (65+)	\$43	\$122	\$464	5.
Senior Family	\$57	\$162	\$616	6.
Silver Sneakers	Silver & Fit	Renew Active	BSD Student	7.

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

Recreation and Fitness Resources and the School District of Bayfield do 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 COVID-19 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:** \_\_\_\_\_ **Staff Initials:** \_\_\_\_\_



**RECREATION  
AND FITNESS  
RESOURCES**

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

Membership #: \_\_\_\_\_



RECREATION  
AND FITNESS  
RESOURCES

# Bayfield Rec Center

## *Automatic Payment Form*

### *Registration & Authorization*

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Last, First Name

Member #

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