

PHASE 2 - MEMBERSHIP REGISTRATION FORM & AGREEMENT

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

Billing Address: _____ City/State/Zip: _____

Email: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Would you like your membership renewal reminders emailed to you? Yes No

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	\$481	2.
1 Adult Family	\$50	\$142	\$524	3.
2 Adult Family	\$60	\$171	\$580	4.
Senior (65+)	\$43	\$122	\$418	5.
Senior Family	\$57	\$172	\$548	6.
Silver Sneakers	Silver & Fit	Renew Active	Scholarship	7.
DAY PASSES:	Youth \$6	Adult \$10	Senior \$9.50	Family \$25
PUNCH CARDS:	Youth \$54	Adult \$90	Senior \$85	Family \$225

**Under the age of 14 only admitted when registered for programming.*

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.
- Wear a mask covering both mouth and nose entering and exiting the facility, and while exercising. Masks are not required while swimming.
- Use hand sanitizer upon entering the facility and wash my hands before and after my workout.
- 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.
- Pre-register for programs & equipment

I have read and agree to abide by the above statements & protocols during Phase 2 of RFR Reopening.

Signature: _____ **Staff Initials:** _____



**RECREATION
AND FITNESS
RESOURCES**

Start Date: _____

Membership #: _____

Credit Card ending # _____

Credit Card Company _____

Total \$ _____

Check # _____

Cash \$ _____

Gift Certificate # _____