Belle Fourche Rec Center 1111 National Street, Belle Fourche, SD 57717 2022 MEMBERSHIP FORM

Memberships Are NON TRANSFERRABLE & NON REFUNDABLE NO SUBSTITUTIONS ALLOWED. ONLY THOSE LISTED HERE & PAID FOR MAY USE THIS MEMBERSHIP. ALL OTHERS MUST PURCHASE A DAILY ______ ADMISSION.

Primary Account Contact (Last/First)		Date of Birth		
Home Address	City/State/Zip			
Home Phone	Email Address	Emergency Contact Name/Phone Number		
Family is defined as a group of people living to	ogether that are LEGALLY CLA	IMED ON A FEDERAL INCOME TAX RETURN.		
You may be asked to provide proof to		stions arise as the result of an audit.		
mber Names	spouse/son/daughter	Date of Birth		
(Additional \$3 per month/per member)				
(Additional \$3 per month/per member)				
(Additional \$3 per month/per member)				
(Additional \$2 par month/par member)				
(Additional \$3 per month/per member) M E M	BERSHIP INFORMA	τιον		
Memberships begin the day the fee is paid and expire 1, 3, 6 6 Charter members have maintained continuous membership s long as they maintain continuous membership since 2012 a vailable for 12 month memberships only, with deductions on t	since 1992 and receive 1992 rates. Ne and specifically designated "New Cha	ew Charter members receive 20th Anniversary year rates a rter." AUTOmatic Bank Deduction Payment Plan (ACH) is		

available for 12 month memberships only, with deductions on the 5th of the month from your bank account. If this date falls on a weekend or holiday, payment will be deducted on the next business day. You will need to complete the authorization form and attach a voided check. ACH plan eligibility ends if you cancel your contract before it expires, or upon the second notification from your bank of non-payment.

All rates include to 7.5% sales tax.							
Membership Type	1 Month	3 Months	6 Months	12 Months	AUTO		
*Family (Up to 5)	\$80.00	\$160.00	\$240.00	\$440.00	\$38.50		
Family, 2 only	\$70.00	\$140.00	\$210.00	\$385.00	\$33.69		
Senior Couple	\$45.00	\$90.00	\$135.00	\$247.50	\$21.66		
Senior, 60+	\$35.00	\$70.00	\$105.00	\$192.50	\$16.84		
Adult, 19-59	\$55.00	\$110.00	\$165.00	\$302.50	\$26.47		
Youth/College/Walk	\$25.00	\$50.00	\$75.00	\$137.50	\$12.03		
			Office Use Only				
			•				

Date

Amount Paid/AUTO

Membership Expires

Initials

PLEASE SIGN WAIVER ON THE BACK OF THIS FORM

Copy of Liability Waiver _____

Copy of BF Rec Policies & Rules _____

Check # or Cash

Date Recd

Agreement to Participate and Liability Waiver for the Belle Fourche Rec Center

I/We understand that most healthy individuals are capable of participating in physical activity with minimal risk. I/We further accept the risk inherent in the physical and recreational activities in which the ordinary and prudent person is or should be aware of.

I/We understand that if I/We have one of the following conditions, I/We should consult a physician prior to participating; 45 years of age or older, overweight or obese, physical limitations or handicap, cardiovascular disease or disorder, subject to exercise induced risk factors, or other disorders or medical conditions. I/We further understand it is my responsibility to decide whether or not to consult a physician. I/We agree to be responsible to do all of the following while using the Belle Fourche Rec Center: Act within the limits of my/our ability, heed all warnings regarding participation in the activities, maintain control of my/our person and the equipment or devices, refrain from acting in any manner which may cause or contribute to injury to myself or others, abide by the letter/spirit of the rules. I/We understand that if I/We violate rules which results in removal or suspension from the facility for any length of time, I have forfeited any right to compensation or refund for days suspended because I have violated policies.

Parental/ Guardian's Permission Waiver

I/We the parent/ guardian(s) of the youth listed in consideration of the special benefits of the programs sponsored by the Bellle Fourche Rec Center do hereby permit him/her to participate. I/We hereby release and discharge the Belle Fourche Rec Center, the City of Belle Fourche, and each and all of their agencies or employees from any liability whatsoever to the undersigned from or in any manner arising out of injury or damage that may be sustained by the participant due to his/her participating in any activity sponsored by the BF Rec Center. I/We do hereby covenant and agree not to sue the Belle Fourche Rec Center, City of Belle Fourche or any of their agents, employees, volunteers or servants, for any claim which may arise out of any activity conducted in the Belle Fourche Rec Center and the surrounding property. I/We the parent/guardian(s) of those listed do hereby give and grant onto any medical doctor or hospital my consent and authorization to render aid, treatment or care to said participant as in the judgement of said doctor or said hospital, may be required on an emergency basis, in the event said participant should be injured or stricken ill while participating in any program or activity sponsored by the Belle Fourche Rec Center.

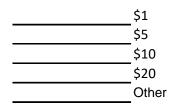
For safety reasons, the Cardio & Weight rooms are for patrons 14 years of age and older.

SIGNATURE

DONATIONS

The Belle Fourche Rec Center strives to provide quality programs and services. With your donation toward a specific cause, we could make even greater improvements to the programs and services that interest you. If you wish to make a donation, please fill out the information below:

Amount



 Cardio/Weight Equipment		
Youth Programs		
Aquatics		
General BF Rec		
Other (please specify)		