

Belle Fourche Rec Center

1111 National Street, Belle Fourche, SD 57717

2023 DISCOUNTED 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

An Adult is defined as an individual 18 years of age or older living outside their guardian's home. A couple is defined as any (2) people who live at the same physical address. A Family is defined as up to (2) adults who live at the same physical address and their dependent children. Dependent children are children 26 and under and claimed on Federal Income Tax Return.

Member Names

spouse/son/daughter

Date of Birth

A

B

C

D

E (Additional \$3 per month/per member)

F (Additional \$3 per month/per member)

G (Additional \$3 per month/per member)

H (Additional \$3 per month/per member)

MEMBERSHIP INFORMATION

Memberships begin the day the fee is paid and expire 1, 3, 6 or 12 months from date paid. When members renew, membership continues from initial date paid. Charter members have maintained continuous membership since 1992 and receive 1992 rates. New Charter members receive 20th Anniversary year rates as long as they maintain continuous membership since 2012 and specifically designated "New Charter." 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 AUTOMATICALLY RENEWS and plan eligibility ends if you cancel your contract before it expires, or upon the second notification from your bank of non-payment.

An early cancellation fee equivalent to two months membership fees applies to all new ACH enrollment.

All rates include to 7.5% sales tax.

Membership Type	10%	15%	20%	25%	75%
*Family (Up to 5)	\$396/\$34.65	\$374/\$32.73	\$352/\$30.80	\$330/\$28.88	\$110/\$9.63
Family, 2 only	\$346.50/\$30.32	\$327.25/\$28.63	\$308/\$26.95	\$288.75/\$25.27	\$96.25/\$8.42
Senior Couple	\$222.75/\$19.49	\$210.38/\$18.41	\$198/\$17.33	\$185.63/\$16.24	\$61.88/\$5.41
Senior, 60+	\$173.25/\$15.16	\$163.63/\$14.32	\$154/\$13.48	\$144.38/\$12.63	N/A
Adult, 19-59	\$272.25/\$23.82	\$257.13/\$22.50	\$242/\$21.18	\$226.88/\$19.85	N/A
Youth/College/Walk	\$123.75/\$10.83	\$116.88/\$10.23	\$110/\$9.63	\$103.13/\$9.02	N/A

Office Use Only

\$

Signature

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 #/Cash/Cash

Date Recd

Initials/Date Checked

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 Belle 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 Belle Fourche 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		
	_____ \$1	_____ Cardio/Weight Equipment
	_____ \$5	_____ Youth Programs
	_____ \$10	_____ Aquatics
	_____ \$20	_____ General BF Rec
	_____ Other	_____ Other (please specify)