

Membership Form

Date

| 0 0 | | | | | |
|---|-------------------------------------|---|---|---|--|
| Parent/Adult Name | | | | | |
| First Name: | Last Name: | | | | |
| Email: | Phone: | | | | |
| Street Address: | | | | | |
| City: | State: | | Zip Code: | | |
| Er | nergency Contac | ct & Insurance Infoi | rmation | | |
| Name: | | | | | |
| Relationship: | Phone: | | | | |
| Are you covered by Health Insurance? | Carrier/Plan Name: Group #: | | | | |
| Please Check | What Interests | You The Most *Che | eck All That Apply* | | |
| Pool Gym Personal Training | Fitness Classe | es Exercise | Equipment Other: | | |
| | How Did You | First Hear About \ | | | |
| Email/Newsletter Event/Festival | S | ocial Media | Web Search | Word of Mouth | |
| Other: | | Advertisement | :/Promotion: | _ | |
| | | | | | |
| Member Name(s) or Program Name | M/F | Date of Birth | Membersl | nip Card # | |
| | | | | | |
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| | | SHIP SALES ARE FIN ds Will Be Granted) | NAL | | |
| Annual Memberships *Additional Fees May Apply for Program Participation* | | | Membersh | ip Fee | |
| FAMILY Membership (2 adults and up to 3 children under 18 in household or 1 adult and up to 4 children in same household) | | | \$26.90 monthly/\$2 | \$26.90 monthly/\$295.90 annually (\$50/additional Adult & \$15/additional child annually) | |
| ADULT Membership (19 years of age and older) (If you are a senior age 65 or older, you may be eligible for a lower rate. Please ask for additional details) | | | \$21.90 monthly/\$2 | • | |
| YOUTH Membership (6-18 years of age) | | | \$11.90 monthly/\$1 | 30.94 annually | |
| **If you opt to pay annually y | ou receive a one | month discount! (| not available to CityFit members)** | | |
| | Verification | n and Authorization | | | |
| I/We verify the information provided on this application these rules are not followed, I/We agree that the King temporary or permanent suspension of membership. | gsley Associatio | _ | | | |
| By submitting this application, I/We agree that the Kir use those photographs or video footage for its markethat use. I/We agree that the Kingsley Association shapremises or as a result of a Kingsley sponsored event | eting purposes. Ill not be respo | I/We release the onsible for any per | Kingsley Association from any rsonal injuries or losses sustain | claim or liability related to ned while on any Kingsley | |

Office Use Only: Initials Receipt # Amount \$ Check Cash or Credit Card

claims or demands arising out of any such claims or losses.

Signature _



Monthly Payments

Payment Dates: If you elect to make monthly membership payments, your account will be charged on the first business day of each month. Upon signing up for a membership, you will be charged a one-time pro-rated amount based on the number of days remaining in the month. Your account will then be charged the normal monthly rate on the subsequent month's first business day.

Refunds and Cancellation: The Kingsley Association will not issue refunds for monthly membership purchases. Requests for monthly membership cancellations must be received at least 15 days prior to the next payment date. Requests received less than 15 days before the next payment date may result in a charge for the next month's services.

Annual Payments *Not available for CityFit members*

If you elect to purchase an annual membership in advance, you will receive a one month discount. Your membership will expire exactly one year after the purchase date.

Refunds and Cancellation: The Kingsley Association will not issue refunds or accept cancellations for annual membership purchases. All annual membership sales are final.

General Conditions

Non-Sufficient Funds: All returned checks and/or unpaid ACH drafts will result in an immediate membership termination. As a result of this termination, you must complete a new membership application & payment authorization form, containing a valid payment source, in order to renew your membership.

Account Changes: The Kingsley Association must be informed in writing of any changes made to your account at least 15 days prior to the next payment date. If necessary, you may be required to complete an additional payment authorization form.