

NOTICE: MUST BE COMPLETED TO ACTIVATE PASS.

FINANCIAL PAYMENT AGREEMENT

**Please complete the length of pass and method of payment.
Use or lack of use of the HRFC during the terms of this pass does not alter obligation to pay.
(Refer to termination conditions on opposite side.)**

SELECT ONE METHOD ONLY (A - M).

TWELVE (12) MONTH PASS -- PAID IN FULL					
	Pass Type	Check Payment	Amount	Pass Holder Signature	HRFC Initials
A		Cash			
B		Check Ck #			
C		VISA			
D		Master Card			

SIX (6) MONTH PASS -- PAID IN FULL					
	Pass Type	Check Payment	Amount	Pass Holder Signature	HRFC Initials
E		Cash			
F		Check Ck #			
G		VISA			
H		Master Card			

THREE (3) MONTH PASS -- PAID IN FULL					
	Pass Type	Check Payment	Amount	Pass Holder Signature	HRFC Initials
I		Cash			
J		Check Ck #			
K		VISA			
L		Master Card			

TWELVE (12) MONTH PASS -- INSTALLMENT PLAN
IMPORTANT: Initial month of membership must be paid in cash/check at time of joining. Up to 11 ACH debits (one per each additional 11 months) will occur on/around the 25th of each month.
 Number of Debits _____ Last month/yr of debit will be: Month: _____ Yr: _____

M ACH DEBITS **IMPORTANT!!** Please be sure to attach a voided check or deposit slip for the account you wish to debit your payment.
AUTHORIZATION AGREEMENT FOR AUTOMATIC DEBITS

Company Name: **Heath Community Recreation & Fitness Ctr.**

I hereby authorize the **Heath Recreation & Fitness Ctr.** hereinafter called COMPANY, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my **Checking** **Savings Account** (select one) indicated below and the financial institutions named below, to debit and/or credit the same to such account. VISA/Master Card is excluded as means of payment.

Name of Pass Holder's Financial Institution:

Address _____ City _____ State _____ Zip _____

This authority is to remain in full force until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and the financial institution a reasonable opportunity to act on it.

HRFC Pass Type _____ Total Pass Amount _____ Monthly Debit Amount _____

Pass Holder Name (Print) _____ Pass Holder Signature _____ Date _____

Pass Holder Address _____ Phone No. Office _____ Home _____

HRFC Receptionist Initials _____ Date received: _____ Please check which is included: Voided Check Deposit Slip

HRFC Administrative Signature _____ Date Entered _____ Primary Pass Holder Number _____

HEATH COMMUNITY RECREATION AND FITNESS CENTER

PASS APPLICATION

Please Print Today's Date _____

Renewal New Pass

NAME _____
 Last First M I.

ADDRESS _____
 Street

City State Zip PHONE #

PASS APPLICANTS

Name (First, Last)	Age	Date of Birth	Staff Use	ID#

RELEASE OF ALL CLAIMS AND PROMISE NOT TO SUE

As a participant in this and any other program of the City of Heath Parks and Recreation Division, I/we recognize and acknowledge that there are certain risks and I agree to assume all such risks including any damage resulting from physical injuries, death, loss of services or consortium, loss or damage to property, or any other loss which I/we may sustain as a result of participating in any and all activities connected with or associated with such programs.

In consideration of the City of Heath Parks and Recreation Division, accepting me or my child's registration, and with the intent to be legally bound, I hereby, for myself, for my child, all heirs, executors, administrators, and assigns, do hereby forever release, waive and relinquish all claims I have or may have as a result of participating in this and all other programs of the City of Heath Parks and Recreation Division. Furthermore, I promise not to sue the agents, servants, employees and insurers, from any and all liabilities, claims, demands, actions or causes of action resulting from physical injuries, including death, loss of services or consortium, loss or damage to property, or any other loss to me on account of my participation in this and all other programs of the City of Heath Parks and Recreation Division.

READ CAREFULLY

By signing this you may give up legal rights

 Signature (Applicant or Parent Guardian)

 Today's Date

Membership Category – Office Use Only

Type	Soc. Security	#RFC Passes
<input type="checkbox"/> Single – 01	_____	_____
<input type="checkbox"/> Married Couple – 02	_____	_____
<input type="checkbox"/> Family – 03	_____	_____
<input type="checkbox"/> Senior Citizen – 04	_____	_____
<input type="checkbox"/> Corporate CRC – 05	_____	_____
<input type="checkbox"/> Other (explain)	_____	_____
Corporate Name _____		Proof _____

<input type="checkbox"/> Cash	Total Amount Paid \$ _____
<input type="checkbox"/> Check # _____	Total Amount Paid \$ _____
<input type="checkbox"/> VISA/MASTER CARD	Total Pass Amount \$ _____ Monthly Debit Amount \$ _____
<input type="checkbox"/> Other - Define _____	Total Amount Paid \$ _____

Application Accepted by HRFC Employee _____ Date _____

RCF Recreation Director _____ Date _____