

FORT DODGE RECREATION CENTER

Membership Form

OFFICE USE ONLY

GM CHECKED: _____

Date: _____

Member Name: _____ DOB: _____ Gender: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone Number: _____

Referred By Active Member: _____

**Family memberships ONLY include a spouse living in the same household or dependent children under 19
Children past the limit of on membership will be charged \$5 per child per month**

Family Member's Name	Relationship	Date of Birth	Gender

Adult

(One adult 18 or older)

Downtown -	REC24 -
\$50/monthly	\$29/monthly
\$350/6 months	\$203/6 months
\$600/yearly	\$348/yearly
Iowa Central-	Premium-
\$44/monthly	\$55/monthly
\$308/6 months	\$385/6 months
\$528/yearly	\$660/yearly

Senior

(One adult over 62)

Downtown -	REC24-
\$45/monthly	\$29/monthly
\$315/6 months	\$203/6 months
\$540/yearly	\$348/yearly
Iowa Central-	Premium-
\$39/monthly	\$50/monthly
\$273/6 months	\$350/6 months
\$468/yearly	\$600/yearly

Family

(2 adults & 3 children)

Downtown -	REC24 -
\$72/monthly	\$61/monthly
\$504/6 months	\$472/6 months
\$864/yearly	\$732/yearly
Iowa Central-	Premium-
\$72/monthly	\$81/monthly
\$504/6 months	\$567/6 months
\$864/yearly	\$972/yearly

Single-Parent Family

(An un-married adult & 4 children)

Downtown -	Premium-
\$61/monthly	\$72/monthly
\$472/6 months	\$504/6 months
\$732/yearly	\$864/yearly
Iowa Central-	Premium-
\$61/monthly	\$76/monthly
\$469/6 months	\$532/6 months
\$804/yearly	\$912/yearly

Downtown REC Services

(per person)

Towel Service	Half Locker
\$6/month	\$72/yearly
\$7/month	\$84/yearly
Basket/Quarter Locker	Full Locker
\$5/month	\$60/yearly
\$10/month	\$120/yearly

REC24 Services

(per person)

Tanning (18+)
\$46.80/monthly

Locker Number: _____

STAFF USE ONLY

STAFF INITIALS: _____

AMOUNT PAID: _____

DATE PAID: _____

CHECK #: _____

NSF/REACTIVATION FEE: _____

RENEWAL DATE: _____

DISCOUNT PERCENTAGE: _____

MONTHLY CHARGE: _____

FDCRC MEMBERSHIP AGREEMENT

Member Name: _____ DOB: _____ Date: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

1. Membership at the Fort Dodge Rec authorizes the FDCRC to charge either your bank account or credit card to cover your membership fees. FDCRC membership and payments will be regarded as continuous until the member decides to terminate.

2. A \$75 reactivation fee will be assessed if I cancel my membership and rejoin within a year.

3. Cancelling Your Membership: To terminate my membership, I must cancel my payments through the FDCRC app or website or have a staff member assist me in person. **To ensure you are not charged again, you must cancel before your next payment date.** A \$20 cancelation convenience fee will be charged for online cancelations; you must cancel in person to waive this fee. I understand that the FDCRC reserves the right to adjust membership rates as necessary, which I agree to pay upon at least 15 days advance notice.

4. Drawing On A Bank Draft Or Credit Card: Your automatic payments will be drawn each month on the same day as your first month's payment. (Example: A membership starting and paid for on the 1st will be charged every month on the 1st until canceled.) If the price of your monthly bank draft changes at any time, you will be notified within 15 days prior to the change.

As a convenience to me, I hereby authorize you to charge my chosen account, payable to the order of the FDCRC, provided there are sufficient collected funds in my account to pay the same upon presentation. I agree that your rights regarding each such charge shall be the same as if it were a check drawn on you and signed personally by me. The authority is to remain in effect until I revoke it. I further agree that if any such charge is dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever, even though such dishonor results in the forfeiture of services. Should any preauthorized charge not be honored by the said bank when received by them, then it is understood that said payment is to be paid by me. Payment changes may take up to 15 days.

- **By participating in the bank draft payment plan, you have chosen the easiest and most convenient method of continuous membership payment. We appreciate this opportunity to provide you with quality service.**
- **By participating in the credit card payment plan, you have been permitted to pass the credit card fee on to your membership payment.**

Credit/Debit Card: Card Holder: _____ Card Number: _____
Expiration: _____ / _____ CVV: _____

Bank Account: Account Holder: _____ Name Of Bank: _____
Account #: _____ Routing #: _____ (Circle One): Checking Savings

5. Sufficient Funds: You must maintain sufficient funds in your payment account to cover your draft amount, or the bank will treat it as a returned check. If your monthly bill has failed to be paid, we will attempt to re-bill your account 7 days after the payment date; after that, a \$15 service fee will be charged. Your account will be placed on hold until the \$15 fee, plus membership dues is paid.

6. Member I.D. Fob: I understand that I must present my membership fob or phone for admission; these fobs are not transferrable. Abuse of membership fob and violations of the Code of Conduct may result in suspension/termination of membership.

7. Liability: I understand that the physical activities I may participate in at the FDCRC include, but may not be limited to, swimming, running, strength training, fitness classes, racquetball, or basketball. I agree to assume all liability and release the FDCRC from any liability for the risk of injury, illness, or death on account of my presence in an FDCRC facility or on account of my involvement in any activity at an FDCRC facility, whether caused by the negligence of the FDCRC or another person on the premises or at the sponsored activity.

8. Photo/Talent Release: I hereby irrevocably release, consent, and allow the FDCRC and its agents to use my photography/likeness/voice, as it pertains to my participation with the FDCRC, in any manner for promotional efforts without expectation of any reimbursement in connection with its use.

Emergency Contact: Name : _____ Phone Number: _____

Signature: _____ **Date:** _____

Signature of Bank Holder (if other than member): _____

Signature of Parent (if under 18): _____

STAFF USE
ONLY

INITIAL: _____