



Gym Membership Form

Membership: Includes unlimited monthly access to the dedicated fitness space that holds cardio equipment, free weights, and television streaming of fitness programs. The gymnasium may be available. Please keep in mind that if booked for a party or event it will not be. It will NOT include fitness classes including Zumba, Pilates, etc. Each member will receive a registered access keycard for use when the building is closed. All memberships must be enrolled in automatic payments through our payment system and have filled out the credit card authorization form. *(included with application)*

Are you a year-round resident? Yes: _____ NO: _____

Name: _____ DOB: _____

Mailing address: _____

City/town: _____ State: _____ Zip: _____

Seasonal address: _____

City/Town: _____ State: _____ Zip: _____

Contact Number: _____

Contact Email: _____

Check all that apply.

Membership - will be billed through Square or Intuit QuickBooks and withdrawn monthly. Should any payment not be honored by my bank/credit card company for any reason, I understand that the Island Community Center will attempt to process that payment again before contacting me via phone. I understand that my keycard will be deactivated until I am to clear the matter up.

Year-round resident: _____ Seasonal resident: _____ Visitor: _____

Adult (18+) _____

Youth: 10-17yrs: _____ Parent please sign here to show approval of membership: _____

Senior (65+): _____

Couple: _____ List both names: _____

Family (3+ members in same household) _____

List all family members: _____



Member emergency contact information – We need a contact for every member

- Member name: _____

Emergency contact Person: _____ Relationship: _____

Contact Number: _____

- Member name: _____

Emergency contact Person: _____ Relationship: _____

Contact Number: _____

- Member name: _____

Emergency contact Person: _____ Relationship: _____

Contact Number: _____

- Member name: _____

Emergency contact Person: _____ Relationship: _____

Contact Number: _____

- Member name: _____

Emergency contact Person: _____ Relationship: _____

Contact Number: _____



MEMBERSHIP WAIVER & CODE OF CONDUCT

1. We are committed to providing a safe and welcoming environment for all members and guests.
2. Fitness Center members are expected to abide by our Code of Conduct that reflects our values of caring, honesty, respect, and responsibility.
3. The Fitness Center reserves the right to revoke membership privileges at any time for violation of policies or behavior not in accordance with the mission and/or character values.
4. As a courtesy to others, refrain from cell phone use in the fitness center area.

MEMBERSHIP POLICIES (Please initial each item)

1. It is my understanding that if I wish to terminate or change my membership in any way, I must give the Island Community Fitness Center 30-day written notice by completing a termination form (available at the ICC office) _____
2. I understand that there is a 30-day termination policy. All memberships are on an automatic payment by month-to-month basis. _____
3. Members may request a membership hold for up to 3 months per year. A \$10 per month hold fee would apply. We will waive this fee if the hold is due to a medical reason (doctors note required). Members may not use Fitness Center facility while a membership is on hold. The key card access will be deactivated during this time _____
4. I understand that I will receive at least 30-day notice of any changes in membership rates. If paying on an annual basis, membership fees will be adjusted at time of renewal. _____
5. Fitness Center membership is a continuous plan. I understand that this membership will remain in effect until I terminate my membership in accordance with the termination policy.

6. Should any payment not be honored by my bank/credit card company for any reason, I understand that the Island Community Fitness Center will attempt to process that payment again before contacting me via phone. I understand that I am still responsible for that payment. This is in addition to any service fee my bank may charge me or the Island Community Fitness Center.

7. The Island Community Fitness Center expects members to abide by our Code of Conduct Policies and reserves the right to terminate membership upon non-payment of fees or inappropriate conduct. _____
8. Membership in non-transferable _____
9. Annual memberships are non-refundable. This policy may be adjusted if I have a medical reason stated in writing by my physician. _____

PHOTO AND VIDEO WAIVER I understand that photos and/or video of me, as well as all individuals listed on the membership application, may be taken by the Island Community Fitness Center on occasion, and I hereby grant permission for my name and likeness to be used for any legitimate purpose in any form of media, now or hereafter developed by the Island Community Fitness Center and its affiliates. _____

NOTICE OF SEX OFFENDER SCREENING The Island Community Fitness Center conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the Island Community Fitness Center reserves the right to cancel membership, end program participation, and remove visitation access.

FINANCIAL ASSISTANCE POLICY Thanks to the generous support of donors, the Island Community Fitness Center provides financial assistance for adults, and families who cannot afford the full cost of a membership. In determining assistance levels, we consider a number of factors, including total household income, expenses, and the number of household members. We require supporting documentation to verify household size and income and we consider special circumstances when providing assistance. Your information is always kept confidential. We ask that those who receive financial assistance pay a percentage of the membership or program cost and to please recognize that financial assistance funds are limited. Check here if you need a form. _____ *Please send me information about applying for a scholarship to help with costs of using the Fitness Center.*

SUPPORT YOUR ISLAND COMMUNITY FITNESS CENTER! The ICCFC is committed to providing support and financial assistance to those who need it. Your support allows us to continue to be here for our community. Please consider giving to the Annual Appeal and mark your choice below. Both options will receive an acknowledgement of your tax-deductible donation. Thank you!

I am willing to help!!

I would like to give \$ _____ as a one-time contribution. OR I would like to give \$ _____ each month to be included with monthly membership.

PLEASE READ THE FOLLOWING CAREFULLY BECAUSE IT AFFECTS YOUR RIGHTS, Waiver & Release from Liability: I understand that there is a risk of injury associated with participation in any exercise program or use of the fitness facility. In consideration for Island Community Fitness Center membership, participation in its programs and/or use of its facilities, I assume full responsibility for any and all injuries, damages or losses in any way arising from or connected with my participation in Island Community Fitness Center facilities or programs. By doing so, I hereby waive any right to sue the Island Community Fitness Center and release, hold harmless and forever discharge it, its employees and agents, individually or otherwise, from any and all liability, claims, lawsuits, demands, rights or causes of action of any kind, including negligence. I certify that all of the information provided on my application is true. I UNDERSTAND THAT THIS AGREEMENT CONSTITUTES A BINDING PROMISE. I

HAVE READ AND AGREE TO IT. By signing, I agree that I have read, understand, and agree to the content contained within this Island Community Fitness Center membership application.

Signature: _____ date: _____

Printed Name: _____ DOB: _____

Address: _____

Contact Number: _____



Credit Card Authorization Form

Please complete all fields. This authorization will remain in effect until it is cancelled by you. You may cancel this authorization by contacting the office staff.

Credit Card Information

Card Type: MasterCard VISA Discover AMEX

Cardholder Name (as shown on card): _____

Card Number: _____

**note: Once card number has been authorized and entered this section will be blacked out.*

Expiration Date (mm/yy): _____ 3 digit code: _____

Cardholder billing ZIP Code: _____

I, _____, authorize the Island Community Center to charge the credit/debit card above for agreed upon purchases. I understand that my information will be saved to file for future monthly transactions on my account.

Customer Signature: _____

Date: _____