

	Resident	Non-Resident	Eureka Business
Youth/Senior	\$24.00	\$32.50	N/A
Adult	\$32.50	\$40.50	\$36.50
Couple	\$40.50	\$57.50	\$49.50
Family	\$49.00	\$65.50	\$57.50
Student/Military/1st Responder/Educator Discount*	\$24.00	N/A	N/A

Membership Types

Youth: 12 – 17 years of age (Youth ages 12 - 15 will require a Youth Fitness Orientation to use the fitness area)

Adult: 18 – 59 years of age

Senior: 60+ years of age

Couple: 2 people, one of which is 12+ years of age, both residing in the same household.

Family: 5 people, up to 2 adults and dependents under the age of 24 living in the same residence (additional dependents are \$50.00 per year)

***Student:** 18 - 24 years of age with a valid student ID and proof of residency

***Military:** active military personnel with a valid military ID and proof of residency

***1st Responder:** active police, fire or EMS with a valid ID/paycheck stub and proof of residency

***Educator:** current employee of an education institution with valid ID and paycheck stub and proof of residency

Resident: Living in City of Eureka limits. Current utility bill and photo ID are required to prove residency.

Non-Resident: photo ID required

Eureka Business: Owners or employees of businesses within the City of Eureka with a current City of Eureka Business License. Current paycheck stub required to prove employment.

Primary Member:

First Name: _____ Last Name: _____

Physical Address: _____ City: _____ State: _____ Zip Code: _____

Mailing Address (if different): _____ City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Secondary Phone: _____

Date of Birth: _____ Email: _____ Gender M/F

Emergency Contact: _____ Relationship: _____ Phone: _____

Employer (if purchasing corporate membership): _____ Phone: _____

Employer Address: _____ City: _____ State: _____ Zip Code: _____

Secondary Member (if applicable):

First Name: _____ Last Name: _____

Primary Phone: _____ Secondary Phone: _____

Date of Birth: _____ Email: _____ Gender M/F

Additional Dependent Members:

	First Name	Last Name	Date of Birth	Age	M/F
Child					
Child					
Child					
Child (add'l fees apply)					
Child (add'l fees apply)					

I certify all family members meet the requirements for a family membership and that all members are living at the same residence and all children are 24 years old or younger _____

(initials)

(OVER)

OFFICE USE ONLY

Res NR Bus Youth Adult Senior Family Couple

Staff Initials: _____ Date: _____ Membership Type (circle): Student Military 1st Responder Educator

Membership Rate: _____ Type of Payment: _____ Photo ID: _____ Current Utility Bill/Pay Stub: _____

By initialing this agreement, I acknowledge and agree to the following terms:

Membership: Membership entitles you and/or family to the following: fitness room, swimming pool, gymnasium, locker rooms with saunas, discounted facility rental and program fees. Membership cards must be presented at the Front Desk to gain entry into the facility. Replacement membership cards are \$5.00 each. Expired memberships will be required to show proof of residency, employment or schooling upon renewal.

Financial Policy: By signing this membership form you agree to pay the dues and fees for the membership and/or services provided by The Timbers of Eureka. These fees and any unpaid monthly dues are not refundable. Regardless of the frequency, you are solely responsible for your monthly dues and any outstanding amounts on your account. Membership rates are subject to change.

Monthly Auto Payment: Memberships are continuous and require a written notice at least 10 days prior to your renewal date in order to be considered for cancellation. You are responsible for notifying your bank in a timely manner of any changes or error. If you fail to provide the information necessary for your monthly draft, and it fails, your membership may be terminated. Additional fees and late fees may apply. Staff reserves the right to cancel ACH (bank account) payments at any time.

Physical and Medical Conditions: For medical or health concerns, please consult with your physician before taking part in any physical activities, programs or events.

Personal Property: The City of Eureka is not responsible for lost, stolen or damaged property while on City premises. If you, anyone listed on your membership or your guests damage the facility, you are liable for the cost of repairs/replacement. Cell phones and/or any other photographic devices are prohibited in the locker rooms and restrooms. Lockers are available and locks are highly recommended. Locks are available for purchase at the front desk. Locks remaining on lockers after business hours will be cut off at the expense of the patron.

Conduct: The Timbers of Eureka will not tolerate and does not permit any inappropriate conduct. Such conduct includes, but is not limited to: abusive and offensive language, profanity of any kind and all other conduct that is considered inappropriate or unsafe by staff. If rules and policies are violated, The City of Eureka reserves the right to remove offenders from the building and/or terminate membership. Members, participants and visitors must abide by the rules and regulations of The Timbers of Eureka and the City of Eureka. No food or beverages may be brought into the facility, with the exception of water bottles, subject to staff inspection. Glass bottles and containers are prohibited.

Youth: Children 11 years and younger require supervision at all times while utilizing The Timbers of Eureka. Youths ages 12 - 15, may be granted fitness center usage by completing a Youth Fitness Orientation class with a parent. There is a fee associated with this class. See staff at the front desk for more information. The Timbers of Eureka reserves the right to request proof of age and verify completion of the orientation from any fitness center participant appearing to be 16 years old or younger.

By becoming a member of The Timbers of Eureka, each participant realizes the inherent risks involved in the program and understands the nature of these risks. The City of Eureka does not provide coverage for any damages or injuries caused by participation in these programs. The City of Eureka provides no medical insurance. Accordingly, I hereby release the City of Eureka, together with its directors, officers, employees, volunteers and agents from all liability, claims, demands, losses or damages arising from participation in The Timbers of Eureka activities, using equipment or while on City premises; and I further agree that if, despite this release and waiver of liability agreement, I, my family, or anyone on behalf of myself, makes a claim released in this agreement, my family will indemnify and hold harmless each entity and person released herein from any and all litigation expenses, attorney fees, loss, liability, damage, or cost they may incur as the result of such claim. Please sign below in compliance with this policy. My signature on this form further gives my permission to the City of Eureka to take photographs/video of me and my family, if applicable, at this event and to use these images for future promotions and/or in the organization's publications and web media. I agree to comply with the rules and regulations for the Timbers of Eureka.

Primary Member Signature: _____ Date: _____

Additional Adult Signature: _____ Date: _____

Parent Signature (if under 18): _____ Date: _____

Monthly Auto Payment Authorization

Member Name (please print): _____

Name on Account if different than member (please print): _____

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

ACH (Bank Account) Account Type: Checking Savings **(Attach copy of voided check)**

Depository Institute (Bank) Name: _____

Routing Number: _____ Account Number: _____

Credit/Debit Card MasterCard Visa Discover American Express

Credit Card Number: _____ Expiration Date: _____ Security Code: _____

I (we) hereby authorize **the City of Eureka**, hereinafter called *CITY*, to initiate debit entries to my account listed above at the depository financial institution named above, hereinafter called *DEPOSITORY* and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

This authorization is to remain in full force and effect until CITY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford CITY and DEPOSITORY a reasonable opportunity to act on it. Monthly memberships are continuous and require a written notice at least 10 days prior to your renewal date in order to be considered for cancellation. You are responsible for notifying your bank in a timely manner of any changes or error. If you fail to provide the information necessary for your monthly draft, and it fails, your membership will be cancelled immediately.

Monthly drafts will be submitted for payment at the same time each month. Circumstances may arise out of our control (ex: bank holidays, weekends, etc.) that may cause a delay in processing. Any discrepancy to my (our) account must be noted to the CITY promptly. I (we) understand refunds will not be issued for discrepancies over 90 days.

Membership privileges will be suspended until all delinquent charges and fees are paid in full. The City of Eureka reserves the right to decline a direct debit enrollment and require cash payment only, when there has been a history of past failure to pay.

Additional fees and late fees may apply. I (we) understand it is my (our) responsibility to notify the CITY of any account changes.

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION. ALL ACH INFORMATION IS STORED SECURELY.

Authorized Signature of Account Holder: _____ Date: _____