



Rec Membership Contract

Spearfish Rec & Aquatics Center

LAST NAME:

SILVERSNEAKERS
 SILVER & FIT
 PRIME
 NIHCA
 ACH

RESPONSIBLE PARTY (REQUIRED)

Last Name First Name MI

Birth Date (MM/DD/YY) Gender

Street Address

City State Zip

Email (for SRAC news and event updates)

Primary Phone Secondary Phone

Emergency Contact Name Relationship

Emergency Contact Phone Emergency Contact Alt. Phone

Please complete for memberships.

Last Name First Name MI

Birth Date (MM/DD/YY) Gender

Last Name First Name MI

Birth Date (MM/DD/YY) Gender

Last Name First Name MI

Birth Date (MM/DD/YY) Gender

Last Name First Name MI

Birth Date (MM/DD/YY) Gender

MEMBERSHIP PACKAGES

Membership Type	12 Mo. Prepay*Includes 10% Discount	12 Month Recurring Monthly* Payments	3 Month Prepay**	1 Month Prepay
City of Spearfish Residents may be eligible for a discount of up to 24%				
Family Rec	<input type="checkbox"/> \$591.38	<input type="checkbox"/> \$54.76	<input type="checkbox"/> \$236.11	N/A
Adult Rec (Ages 18-61)	<input type="checkbox"/> \$241.89	<input type="checkbox"/> \$22.40	<input type="checkbox"/> \$110.52	<input type="checkbox"/> \$42.20
Couple Rec	<input type="checkbox"/> \$352.66	<input type="checkbox"/> \$32.65	<input type="checkbox"/> \$166.03	N/A
Senior Rec (Ages 62+)	<input type="checkbox"/> \$189.89	<input type="checkbox"/> \$17.58	<input type="checkbox"/> \$87.41	<input type="checkbox"/> \$35.17
Senior Couple (Ages 62+)	<input type="checkbox"/> \$283.03	<input type="checkbox"/> \$26.20	<input type="checkbox"/> \$113.53	N/A
Youth (Ages 4-17)	<input type="checkbox"/> \$189.89	<input type="checkbox"/> \$17.58	<input type="checkbox"/> \$87.41	<input type="checkbox"/> \$35.17
Youth Couple (Ages 4-17)	<input type="checkbox"/> \$283.03	<input type="checkbox"/> \$26.20	<input type="checkbox"/> \$113.53	N/A
Walking Pass (Ages 4-61)	N/A	N/A	N/A	<input type="checkbox"/> \$32.15
Sr. Walking Pass (Age 62+)	N/A	N/A	N/A	<input type="checkbox"/> \$25.12
Group Fitness Pass (Members Only)	<input type="checkbox"/> \$162.76	<input type="checkbox"/> \$15.07	<input type="checkbox"/> \$ 60.28	\$25.12

No other discounts apply. Rates shown **INCLUDE** tax. Family rates include 5 per family (2 adult maximum). *Rates shown are good with the purchase of a 12-month membership. \$8.25 per extra child per month. **3-month & 1-month memberships must be paid in full at time of initial sign up.



SPEARFISH REC & AQUATICS CENTER

I, the undersigned, agree to abide by these and any future rules and regulations which may become effective. I also agree to discuss these with the aforementioned person, if they are under the age of 18. **Ages 9 and above may be unaccompanied at the SRAC.** I understand memberships may be revoked or suspended for failure to abide by the rules and regulations as outlined within the SRAC Policies.

CITY RESIDENT DISCOUNT

Eligible for up to 24% City of Spearfish Resident Discount. I agree to the following rate: _____/or monthly rate of: _____

Member Initials: _____

RECURRING AUTO PAY MEMBERSHIPS

Recurring monthly membership dues must be paid via electronic funds transfer from a checking, savings, or credit card account on the 15th of each month. Prorated current month dues are paid at the time of enrollment. It is the responsibility of the member to ensure that monthly payments are made in a timely manner. The member must contact the SRAC when payment information has changed. **Following initial 12-month contract membership will continue month to month until cancellation is requested. 30 DAY NOTICE FOR CANCELLATION IS REQUIRED.**

I agree to pay the membership charges indicated on page 1 of this contract via Credit/Debit Card ACH (Additional paperwork needed)

Member Initials: _____

CANCELATION POLICY/EARLY TERMINATION OF CONTRACT

Members must submit a written, dated and signed request to cancel or change memberships. All requests must be submitted thirty (30) days prior to contract expiration date, or next payment date. **EARLY TERMINATION OF CONTRACT WILL RESULT IN A FEE OF \$30.00 PER PERSON ON MEMBERSHIP CONTRACT**, not to exceed the contract account balance. If a cancellation request is not received by the 15th of the month, the member will be responsible for the following month's membership fees.

Member Initials: _____

INSUFFICIENT FUNDS

The SRAC reserves the right to charge a \$40.00 NSF fee on all transaction. Memberships will be suspended if payments are declined, returned for NSF, or cannot be processed. Memberships that lapse for more than thirty (30) days will be required to pay remaining account balance in full for reinstatement.

Member Initials: _____

MEDIA AND LIKENESS PERMISSION

I authorize... I do not authorize... photos and other materials which may bare my likeness to be used for marketing purposes.

Member Initials: _____

I hereby agree to indemnify and hold harmless the City of Spearfish Recreation Department, its successors, assigns, and the City of Spearfish from any and all claims for any and all injuries suffered or caused by said member in use of the equipment, facility or programs used and/or held at the City of Spearfish Recreation Department. It is likewise assumed that the said guest will wear the proper clothing and protective equipment when participating in the programs and/or using the equipment or facilities available at the City of Spearfish Recreation Department. It is the responsibility of the parent or guardian, if member is under the age of 18, to make sure this criteria is met or guardian will assume all responsibility for any and all injuries to the member or by the member while using the equipment, facilities, and participating in the programs offered by the City of Spearfish Recreation Department. I have fully informed myself and/or my child of the contents of this affirmation and release by reading it before I signed it. I understand the terms of the release and agree to abide by them. I acknowledge that I have read and understand the above release and SRAC policies.

X _____
Printed Name

X _____
Signature/ Parent Signature Required if under 18 years of age

DATE _____

OFFICE USE ONLY

Staff: _____ Date: _____ New Renewal Change of Membership CREDIT/DEBIT CASH CHECK# _____