



## YKHC ANNUAL PLAN MEMBERSHIP REGISTRATION

Submit Annual plan registration to [ykfc@cityofbethel.net](mailto:ykfc@cityofbethel.net) and we will contact you for payment. Payroll deduction is not available for annual plans. For payroll deduction see monthly plan registration.

EMPLOYEE INFORMATION (please write clearly)

Employee Number: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender \_\_\_\_\_

Phone: \_\_\_\_\_

Call only

Text only

Both

Email: \_\_\_\_\_

PO BOX: \_\_\_\_\_

Mailing Address (if outside Bethel) \_\_\_\_\_

Circle Selected Plan: Indicate Fitness or Pool or Both

ANNUAL Plan Options		Regular rate	Employee Rate
Adult	Fitness or Pool	\$660	\$231
	Both	\$905	\$316.75
Military Must have valid Military ID	Fitness or Pool	\$330	\$154
	Both	\$530	\$224
Senior	Fitness or Pool	\$440	\$96.25
	Both	\$640	\$185.50

Annual Plan balance due in full prior to membership start.

Select Monthly plan for payroll deduction.

## Membership Release of Liability

*Please Read Carefully*

In exchange for use of the Yukon-Kuskokwim Fitness Center (YKFC) managed by Health Fitness Corp. (HFC), I agree to the following for myself, any participant over which I have guardianship and any individual I bring to the facility:

1. To observe and obey all facility rules, policies, procedures, and warnings.
2. To follow any instructions or directions given by YKFC employees.
3. I recognize that there are certain inherent risks/hazards associated with participation in physical activities and I assume full responsibility for personal injury to myself, any minor in my care or any individual I bring to the YKFC.
4. I attest that I, any minor in my care or any individual I bring to the YKFC is healthy enough to participate in the activity registered for and that there are no known physical, mental or emotional reasons participation is contraindicated.
5. I, for myself, my heirs, and assigns, hereby waive and release YKFC and HFC, its employees and owners from any claims, demands, and causes of action, now or in the future, arising from my use of the facility.
6. I acknowledge and agree that YKFC and HFC are exempt from any liability for injury or disability that I or any minor under my care may incur during or as a result of facility use.
7. I understand that failure to comply with the facility rules, policies, procedures, and warnings or to follow any instructions or directions given by YKFC employees may result in termination of membership.

**In signing this agreement, I acknowledge that I have read and understand this document. I attest I understand that by signing this release, I voluntarily surrender certain legal rights for myself and any minors under my care.**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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**ADDITIONAL PARTICIPANTS:** Includes Family members living in the same household as the employee. Family outside the household are not eligible for discounted rates.

### Check Plan Selection

Name: _____	Date of Birth: _____	Gender _____	Rate \$ _____	<input type="checkbox"/> Pool	<input type="checkbox"/> Fitness	<input type="checkbox"/> Both
Name: _____	Date of Birth: _____	Gender _____	Rate \$ _____	<input type="checkbox"/> Pool	<input type="checkbox"/> Fitness	<input type="checkbox"/> Both
Name: _____	Date of Birth: _____	Gender _____	Rate \$ _____	<input type="checkbox"/> Pool	<input type="checkbox"/> Fitness	<input type="checkbox"/> Both
Name: _____	Date of Birth: _____	Gender _____	Rate \$ _____	<input type="checkbox"/> Pool	<input type="checkbox"/> Fitness	<input type="checkbox"/> Both
Name: _____	Date of Birth: _____	Gender _____	Rate \$ _____	<input type="checkbox"/> Pool	<input type="checkbox"/> Fitness	<input type="checkbox"/> Both
Name: _____	Date of Birth: _____	Gender _____	Rate \$ _____	<input type="checkbox"/> Pool	<input type="checkbox"/> Fitness	<input type="checkbox"/> Both

ANNUAL Plan Selection		Regular rate	YKHC Rate
Adult	Fitness or Pool	\$660	\$396
	Both	\$905	\$543
Youth/Senior/Military	Fitness or Pool	\$330	\$209.40
	Both	\$530	\$330

Annual Plan balance due in full prior to membership start.  
  
Select Monthly plan for payroll deduction.

Employee Total: \_\_\_\_\_

Family Total: \_\_\_\_\_

Balance Due: \_\_\_\_\_

Administrative Use Only:

Submission Date: _____	CASH	Credit/Debit
HR Total Due: _____	Date HR Billing Entered: _____	
HR Payment Received _____	HR Payment Entered: _____	