



YKHC MONTHLY MEMBERSHIP REGISTRATION

Registration is due by the 5th to be eligible for membership starting the 1st of the following month.
 Submit completed registration form to ykfc@cityofbethel.net

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) _____

Employee Plan Rate \$ _____ Check One: Pool Fitness Both

Include additional members on the next page.

| MONTHLY Plan Options | | Regular rate | YKHC Rate |
|---|-----------------|--------------|-----------|
| Adult | Fitness or Pool | \$66 | \$23.10 |
| | Both | \$90 | \$31.50 |
| Military Must have valid Military ID | Fitness or Pool | \$33 | \$15.40 |
| | Both | \$55 | \$19.25 |
| Senior | Fitness or Pool | \$44 | \$9.80 |
| | Both | \$55 | \$17.50 |

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
 (Please print legibly.)

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

Additional Participant Rates

| MONTHLY Plan Options | | Regular rate | YKHC Rate |
|-----------------------|-----------------|--------------|-----------|
| Adult | Fitness or Pool | \$66 | \$39.60 |
| | Both | \$90 | \$54 |
| Youth/Senior/Military | Fitness or Pool | \$33 | \$21 |
| | Both | \$55 | \$32.40 |

Employee Total: _____

Family Total: _____

Balance Due: _____

Employee Agrees to monthly payroll deductions of the balance due.

Monthly plan deductions will be made from the second payroll of the month and will continue until employee requests cancellation.

| | |
|------------------------|---|
| Submission Date: _____ | Administrative Use Only: HR Total Due: _____ |
|------------------------|---|