MEMBERSHIP AGREEMENT

PLEASE PRINT ALL INFORMATION

PRIMARY HOLDER

Full Name	Birthdate	Age	Gender

Home Address	City	State	Zip

Primary Phone	Alternate Phone	Email

Emergency Contact Name	Emergency Contact Phone	Emergency Contact Relationship

MEMBERSHIP PLAN (Select preferred plan)

12-Month Plans	Paid in Full	Recurring Monthly
☐ **Family** *Parent(s) and children (22 & under) living in same household*	$550.00	$55.00
☐ **2 Person** *Couple or one parent/one child (22 & under) living in same household*	$410.00	$40.00
☐ **Adult** (23-61)	$315.00	$35.00
☐ **Youth** (22 and under)	$250.00	$25.00
☐ **Senior** (62 and over)	$250.00	$25.00
☐ **Senior 2 Person** Couple (both 62 & over) living in same household	$345.00	$35.00

Short-Term Plans	Paid in Full
☐ **1 Month Individual**	$65.00
☐ **3 Month Individual**	$145.00
☐ **8 Month Senior** (62 and over)	$190.00

HAP (Health Alliance Plan) Insurance Holders
Paid in Full 12-Month Plans are eligible to receive one free extra month. Please check box and provide a copy of your HAP insurance card with this agreement to receive the promotion. ☐

ADDITIONAL MEMBERS FOR FAMILY AND 2 PERSON PLANS

1 – Full Name	Birthdate	Age	Gender	Relationship
2 – Full Name	Birthdate	Age	Gender	Relationship
3 - Full Name	Birthdate	Age	Gender	Relationship
4 – Full Name	Birthdate	Age	Gender	Relationship
5 – Full Name	Birthdate	Age	Gender	Relationship
6 – Full Name	Birthdate	Age	Gender	Relationship
7 – Full Name	Birthdate	Age	Gender	Relationship

A Physical Activity Readiness Questionnaire (PAR-Q) must be completed by all members on this agreement

Effective 1-1-25

Additional information and signature required on back of form.

*Select **PAID IN FULL** or **RECURRING MONTHLY***

☐ **PAID IN FULL** (Skip Recurring Monthly section)

☐ **RECURRING MONTHLY**

_____
Initial Here

Recurring Monthly is an initial one-year (12-month) contract for new memberships. Contract will auto-renew after the first year on a month-to-month basis until cancelled in writing.
Written cancellation notice received after the first of any month will take effect the following month.

Charges will be made on the 15th day of each month, or the next business day if said date falls on a weekend or holiday

☐ **Credit/Debit Card**

I authorize Freeland SportsZone to charge the chosen credit/debit account below for each monthly charge. If at any time I have more than one NSF transaction in any 12-month consecutive period, I will forfeit the right to pay my membership fees by Credit or Debit card. This authorization to charge will remain in effect until written notice of termination is given to the Freeland SportsZone.

○ MasterCard ○ Visa ○ American Express ○ Discover	Cardholder Name		
Card Number	Expiration Date	CVV Code	Billing Zip Code

The Freeland SportsZone reserves the right to increase the membership rates at any time. The notice of such increases will be made at the time of the increase.

_____
Initial Here

I agree to the minimum term of this membership agreement being one year (12-months).

There shall be no refund for any pre-paid amounts. I acknowledge receipt of the Freeland SportsZone Rules & Regulations / Membership Terms & Cancellation Policy, and agree to the terms set forth there.

_____ _____

MEMBER SIGNATURE **DATE**

_____ _____

Parent/Guardian Signature (if member under 18 years of age) **Parent/Guardian Name** (please print)

Welcome, and thank you for choosing the Freeland SportsZone!

5690 Midland Road · Freeland, MI 48623 · (989) 695-2000 · www.freeland-sportszone.com

Front Desk Staff

Membership Agreement received by (staff initials) _____ ☐ Scan Card Issued ☐ Photo Taken

Back Office

Recurring Dues Start Date _____ VCM completed by (staff initials) _____

☐ Credit/Debit Card Date:

FREELAND SPORTSZONE

5690 Midland Road
Freeland, MI 48623
989-695-2000

Physical Activity Readiness Questionnaire – (PAR-Q)

The FCSA and our SportsZone staff are pleased to provide this opportunity for fun and healthy activities for the community. We realize there are many benefits to regular physical activity but there may be times when increased physical activity can result in risks to one's health.

Therefore, all new members are required to complete this brief PAR-Q questionnaire, which has been designed to identify the small number of individuals for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them.

Common sense is your best guide in answering these few questions. Please read them carefully and check the appropriate YES or NO box for each question.

1.	Has your doctor ever said you have heart trouble?	☐	Yes	☐	No
2.	Do you frequently have pains in your heart and chest?	☐	Yes	☐	No
3.	Do you often feel faint or have spells of severe dizziness?	☐	Yes	☐	No
4.	Is your doctor currently prescribing drugs for a heart condition?	☐	Yes	☐	No
5.	Has your doctor ever told you that you have a bone or joint problem(s) such as arthritis that has been aggravated by exercise, or might be made worse with exercise?	☐	Yes	☐	No
6.	Is there a good physical reason, not mentioned here, why you should not follow an activity program even if you wanted to?				
	Explain:	☐	Yes	☐	No

_____

_____

If you answered YES to one or more questions:

Talk to your doctor BEFORE becoming more physically active. You may need written permission from a physician before participating in physical and aerobic fitness activities at the SportsZone.

If you answered NO to all the questions:

You can be reasonably sure that you can become more active but begin slowly and build up the activity gradually. This is not a guarantee that you will have a normal response to exercise.

Please note:

If your health changes so that you answer YES to any of the above questions, tell your health professional. Ask whether you should change your physical activity level or seek further evaluation of your physical health.

Informed use of the PAR-Q:

The SportsZone, the FCSA, and their agents assume no liability for persons who undertake physical activity. If in doubt after completing this questionnaire, consult your doctor prior to physical activity.

I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction.

Signature: _____ Date:_____

5690 Midland Road
Freeland, MI 48623
989-695-2000

Release of Liability Waiver

PARTICIPATION IN ANY ACTIVITY WITHIN THE SPORTSZONE IS AT THE SOLE DISCRETION AND JUDGMENT OF THE MEMBER AND AT HIS OR HER OWN RISK.

I _____, the undersigned, assume all risks in any way connected with or related to physical exercise and hereby waive any and all claims which I may have arising out of personal injury, death, theft or destruction of personal property and release the Freeland Community Sports Association (hereinafter called FCSA), Tittabawassee Township DDA, SportsZone employees, volunteers and representatives from any such claim. I further agree to hold harmless the FCSA, Tittabawassee Township DDA, SportsZone employees, volunteers and representatives from any liability whatsoever related to my use of the SportsZone, including reasonable attorney's fees. For any membership that includes privileges for family use of these facilities, all the representations of this waiver apply with equal force to all members of the family.

I, the undersigned, have received the Membership Rules & Regulations handout and understand there are limitations to my membership as outlined in the handout. I also understand that it is my responsibility to explain said rules and regulations to my sponsored Dependents and to assure their compliance with them.

I, the undersigned, for myself and my sponsored Dependents, further agree to use all equipment and activity areas properly and leave them in good condition. I assume total liability and agree to reimburse the FCSA for all damages incurred through the misuse of the facility area and/or equipment thereof.

I, the undersigned, certify that the information I have given in my application, including the PAR-Q, is complete and accurate. I have provided complete and current contact information. I agree that in the event of an emergency where I cannot be reached, emergency medical treatment may be provided to my sponsored dependent.

I, the undersigned, have read this form and understand it and the nature of the exercise program. I understand that by signing this form I am giving up certain legal rights. My questions have been answered to my satisfaction.

By my signature below, I agree to the provisions of this Release of Liability Waiver for myself, for my sponsored dependents, and for my heirs and assigns, intending to be legally bound.

Applicant's Signature: _____ **Date:** _____

MEMBERSHIP RULES & REGULATIONS

1. Membership is on an individual basis and is non-transferable. All family members (age 13 or older) covered under a family membership will be issued his/her own FSZ check-in scan tag.
2. Members must check-in at the front desk upon entering the facility by presenting a valid SportsZone membership card. Individuals using the facility without checking in will be considered trespassers, regardless of membership status.
3. All members must complete a Physical Activity Readiness Questionnaire (PAR-Q) prior to using the facility and/or receive a doctor's approval in writing if "YES" answered to any of the questions on the PAR-Q form.
4. Members must comply with SportsZone's posted rules and regulations. It is the member's responsibility to seek out and familiarize himself/herself with the rules and regulations as they exist for use of the facility.
5. Team practices are prohibited unless an authorized gym space or turf room rental has been approved by the SportsZone management.
6. Trainers are prohibited from performing services at the FSZ unless a specific program/partnership has been approved through FSZ.
7. Members must show respect for the equipment, the facilities and fellow SportsZone members always. Keep equipment off the floor and return it to its proper rack when finished using it.
8. Horseplay, loudness, offensive language, aggressive behavior, or harassment will not be tolerated. Members may be expelled from the facility immediately for misuse of equipment or facility. Food is not allowed in the cardio/weight training, fitness/dance area or on the walking track. Beverages in plastic containers are acceptable. Glass containers are not allowed in the facility.
9. Children under the age of 13 will not be allowed to use the facility without being accompanied by his/her parent or guardian. Children under the age of 16 must be directly supervised by a parent while utilizing the cardio-weight training room.
10. Immediately report any facility-related injury, facility/equipment damage, complaint or concern related to facility operations to the SportsZone Director.
11. Members must always comply with the SportsZone dress code while in the facility, which includes the following: Bring clean, dry tennis shoes for their workout. Proper training attire, shirts and shorts/pants must be always worn when outside of the shower area.
12. **If a member violates this agreement and the terms contained herein, or any of the rules and regulations of the facility, the SportsZone may suspend the member's right to use the facility. During the period of any suspension, the member shall not be entitled to credit for any payment of fees due or paid pursuant to this membership agreement. In the event a member continues to violate the terms of this agreement or the rules and regulations governing the facility, membership may be permanently terminated by the FCSA.**
13. There will be times when the facility is not available to members due to fundraising events, full facility rentals, annual maintenance, and lease obligations with Tittabawassee Township, MidMichigan Medical and/or MidMichigan Gymnastics. Every attempt will be made to keep the closing of the facility to a minimum. Notices of such closures shall be posted in common areas. As well specific rooms/areas of the SportsZone will be regulated and available to membership at specific times.
14. Components of this agreement are subject to change at any time. Notice will be posted in common areas and on the Freeland SportsZone website.

MEMBERSHIP TERMS & CANCELLATION POLICY

1) **Recurring Monthly** payment accounts are a one-year (12-month) contract from the date of application. After a year commitment is met, membership will automatically renew and month to month billings will continue until membership is cancelled in writing. Notice is due by the first of the month.

2) If at any time a member's **Recurring Monthly** account is delinquent three months or more the Freeland SportsZone reserves the right to terminate the membership and initiate collection procedures for the entire amount of the contract/or any amounts due. Non-use of the facility does ***not*** constitute a cancelled membership or relieve the member of their responsibility of paying dues. Membership must be cancelled as set forth in paragraph 1.

3) Short-Term Plans are a one-time fee and cannot be applied or upgraded with any other offers.

4) Membership agreements may be cancelled within three (3) business days of the signed agreement by notice and in writing delivered to or sent by certified or registered mail to the Freeland SportsZone, postmarked no later than midnight of the third day after the date of application. Memberships properly cancelled within the 3-day period will be refunded for any payment made under the agreement.

5) Management reserves the right to suspend and/or terminate any membership for non-payment of dues or for harassment or other behavior adverse to the enjoyment of the Freeland SportsZone by other members and/or staff for any reason deemed sufficient in the sole discretion of Management.

6) The Freeland SportsZone does ***not*** issue refunds for any membership fees or other activities.

How to Cancel your Membership

- Membership agreements that have completed the one-year (12-month) initial term are eligible for cancellation.
- Cancellation requests must be in writing. Notice is due by the first of the month. Please include reason for cancellation.
- **Recurring Monthly** cancellation requests received after the first of the month will be processed for cancellation ***effective the following month***.