



YOUTH MEMBERSHIP AGREEMENT MONTHLY EFT

OFFICE USE ONLY
 _____ Payment _____ Setup _____ Approval

BILLING MEMBER INFORMATION

Last Name		First Name		MI	Date of Birth
Address		City	State	Zip	
Primary/Cell/Home Phone	Work Phone	Email (email addresses are not shared/sold)			Gender
Emergency Contact		Emergency Phone	Relation		

MEMBERSHIP DETAILS

Individual Membership:				Multiple Youth:			
Type:	Monthly	Initiation	Family*:	Member Name	Monthly	Initiation	
<input type="checkbox"/> Competition Sr.	\$260	n/a	<input type="checkbox"/> 1 st Child	_____	rate selected	n/a	
<input type="checkbox"/> Competition Jr.	\$190	n/a	<input type="checkbox"/> 2 nd Child	_____	\$10/month less	n/a	
<input type="checkbox"/> Club 2x/week	\$190	n/a	<input type="checkbox"/> 3 rd Child	_____	\$10/month less	n/a	
<input type="checkbox"/> Club 1x/week	\$130	n/a	<input type="checkbox"/> 4 th Child	_____	\$10/month less	n/a	
<input type="checkbox"/> Homeschool 1x/week	\$130	n/a	<input type="checkbox"/> 5 th Child	_____	\$10/month less	n/a	

*Must be related youth siblings.

MEMBERSHIP TERMS & DUES

_____ Member Initials	Membership Start Date	_____	Membership End Date	OPEN
_____ Member Initials	I understand this is a DUES paying membership that is month-to-month and auto-renewing.			
_____ Member Initials	I hereby agree that billing for my Membership will continue until the end date, or until I submit, no later than the 25th day of the previous month, a written (i) Membership Cancellation Form			
_____ Member Initials	I understand that I have paid or am obligated to pay an initiation fee as listed above, and that under no circumstances is any portion of this amount refundable.			
_____ Member Initials	Billings that are declined are subject to a Service Fee of five dollars (\$5.00) (i.e. NSF, Account Closed, Credit Card on hold, etc.) that will be removed if past due account balances are paid within the first seven (7) days of the month.			
_____ Member Initials	I authorize THE OVERLOOK BOULDER + FITNESS to charge my credit card on or around the 1st of each month, monthly dues as listed above.			
_____ Member Initials	I understand that I must provide the Gym with a current, valid method of payment to enable the Gym to bill me electronically and maintain this information on file with the Gym at all times and I will notify the Gym of any changes in my billing account before the next billing date, (i.e. credit card cancellations, expiration of dates changes, or bank account change).			
_____ Member Initials	I understand that there are no cancellation fees, cancellations will not be prorated, and all cancellations will be effective at the end of the month.			
_____ Member Initials	I understand that the membership comes with 1 guest pass per month. Guest passes do not roll over.			
_____ Member Initials	I acknowledge that the Gym retains the right to terminate my/our Membership and this Membership Agreement at any time, for any reason or no reason, and return to me prorated Membership fees, if applicable.			
_____ Member Initials	This Membership is not negotiable, transferable, or cancellable except as otherwise provided herein.			
_____ Member Initials	I understand and acknowledge the above information about payments and charges related to my account and all terms of Membership are contained in this Agreement and the Release Agreement.			

AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER

I hereby authorize THE OVERLOOK BOULDER + FITNESS to initiate debit entries to the Credit Card on file, and/or adjustments for any debit entries made in error. I hereby authorize the financial institution named below to credit and/or debit the same to such account. This authorization is to remain in full force and effect until THE OVERLOOK BOULDER + FITNESS has received written notification from me of its termination.

In signing this document, I acknowledge that I have read, understood, and agree to comply with all provisions of this Agreement and the Release Agreement.

SIGNATURE(S)

I have been advised of the Terms and Conditions of Membership and fully understand the Membership Agreement. IN WITNESS WHEREOF this Membership Agreement has been executed by the parties on the date written below.			
Member Signature	Date	Parent/Guardian Signature	Date
EFT Authorization Signature (if different from above signature)	Date	Membership Salesperson Signature	Date