

# Team E Fieldhouse of Hope Membership Agreement

Name \_\_\_\_\_ Membership Number \_\_\_\_\_  
 Address \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Email \_\_\_\_\_  
 Cell Phone \_\_\_\_\_

**Membership Type (Check Box)**  
 Single      Student  
 Couple      Senior  
 Family

**Payment Method (Check Box)**  
 ACH (Checking)      ACH (Savings)

**Additional Family Members**

#1 \_\_\_\_\_ Date of Birth \_\_\_\_\_      #3 \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 #2 \_\_\_\_\_ Date of Birth \_\_\_\_\_      #4 \_\_\_\_\_ Date of Birth \_\_\_\_\_

**All changes to this Agreement require a 30-day written notice by the 15<sup>th</sup> of the month.**

	Initial Amount	Monthly Charge
Enrollment Fee	\$ _____	
Membership	\$ _____	\$ _____
AccessCard Deposit	\$ _____	\$ _____
Subtotal	\$ _____	\$ _____
Tax	\$ _____	\$ _____
Total	\$ _____	\$ _____

**Billing Information**      (Must Provide Voided Check)

ACH: Depository Name \_\_\_\_\_  
 Routing # \_\_\_\_\_  
 Account # \_\_\_\_\_

**Renewal Terms:** Memberships run on a month-to-month basis unless a 30-day written notice has been received for cancellation of the contract. If the cancellation has not been received, you will be charged for the successive months in full.

First Billing Date \_\_\_\_\_

*By signing below, you agree to purchase a membership at Team E Fieldhouse of Hope on the terms and conditions described in this agreement, including the terms of cancellation. You agree to make the payments shown in the agreement and grant authorization to collect payment. You agree to abide by the rules and regulations set forth by Team E Fieldhouse of Hope. Violation of these rules and regulations may be cause for suspension or cancellation of membership. You fully understand that if you permit anyone unauthorized access to Team E Fieldhouse of Hope, your account may be automatically charged \$150.*

**Cancellation Policies:** I understand that the club dues are payable monthly and continuously. The club must receive a 30-day written notice for cancellation of my membership dues. Memberships may be put on hold for up to 60 days for medical reasons with verification from a physician and written notice by the fifteenth of the month.

I understand this membership is a privilege and may be terminated by Team E Fieldhouse of Hope at any point during the contract for reasons including but not limited to: breaking specified gym rules, unauthorized member use, stealing, equipment or property damage etc.

**Default and Late Payment:** Should you default on any payment obligations set forth in this agreement, the entire remaining balance shall be deemed due and payable upon demand, and you agree to pay all interest, and any and all costs of collection, including, but not limited to, collection agency fees, court costs and attorney's fee. If your

account goes 90 days past due, you will be sent to collections and additional fees will apply. Should any EFT payment be returned unpaid, you will be charged a non-returnable \$30.00 return fee.

*I hereby for myself and heirs, executors, and administrators, waive and release all rights and claims for damages I may have against Team E Fieldhouse of Hope and its respective agents, representatives, successor, and assigns for all injuries which may be suffered by me in connection with any participation in any and all programs.*

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
(if under 18 years old)