



## CORNERSTONE AQUATICS CENTER

# MEMBERSHIP APPLICATION

Date: \_\_\_\_\_

Please select one of the following:

- ☐ West Hartford Resident
- ☐ Non – Resident

*Proof of residency may be required*

Please select a membership type:

- ☐ Individual Adult
- ☐ Family
- ☐ Senior Individual
- ☐ Senior Couple

**Adult:** 18 years of older (All membership holders must be 18 or older)

**Senior:** 65 years or older

**Family:** 1-2 Adults living in the same household and all their dependents.

*Discounts for students and military available. Proof of eligibility is required. Must be approved by the Recreation Services Manager.*

### **Primary Member Information**

First & Last Name: \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_ please circle one: Male / Female / Other

Street: \_\_\_\_\_

Town, State, Zip: \_\_\_\_\_

Primary Phone: (\_\_\_\_) \_\_\_\_\_ Alternative Phone: (\_\_\_\_) \_\_\_\_\_

Emergency Contact (Name & Phone Number): \_\_\_\_\_

Email(s): \_\_\_\_\_

### **Additional Members (must reside in the same household):**

Name

Date of Birth

1) \_\_\_\_\_ Male /Female/Other

2) \_\_\_\_\_ Male /Female/Other

3) \_\_\_\_\_ Male /Female/Other

4) \_\_\_\_\_ Male /Female/Other

5) \_\_\_\_\_ Male /Female/Other



## CORNERSTONE AQUATICS CENTER

### Cornerstone Membership Contract

- Membership is automatically renewed month –to – month until 30-day advanced written notice of cancellation is received.
- Cancellations can be emailed to [megan.stegner@hfit.com](mailto:megan.stegner@hfit.com) or a letter can be sent to Cornerstone's Recreation Services Manager.
- I/We will be set up on a monthly payment plan. If you already have a credit card on file with Cornerstone, you can keep/update that payment information. If you do not have a credit card or your bank information on file, you will be required to fill out an EFT form.
- I/We authorize Cornerstone Aquatics Center to draft my/our credit card or bank account on file for membership(s) and/or program fees.
- RecDesk does NOT store credit card and bank account details on its own servers. They utilize Authorize.net's Customer Information Management interface to securely store and access card holder information.
- I/We are responsible for any payment plus a service charge for each returned eCheck or declined credit card. If payment is returned for any reason, the declined amount must be paid within 30 days of notification or membership may be suspended.
- Membership is non-transferable and non-refundable.
- No membership holds will be given. For extenuating circumstances such as injury, illness, or extended travel, members must contact our Recreation Services manager.
- Members may be subject to a \$50 joiner fee if re-joining less than 90 days from cancellation.
- I/We understand that my/our photograph could be taken while at Cornerstone for publicity purposes.
- All members are required to check in at the front desk, with their Cornerstone ID card.
- Cornerstone reserves the right to change schedules, hours, and equipment.
- The facility may be closed without notice for certain holidays, weather emergencies, and/or maintenance. An annual maintenance shutdown for up to two consecutive weeks is incorporated into all membership prices and no credit will be given.
- I/We agree to abide by all facility and pool rules. Management reserves the right to suspend membership if rules are not followed or if accounts are delinquent.

#### Members Health Warranty:

- I warrant and represent that I and the other members of a family membership have no ailments, disabilities, or impairments that will be detrimental to my health or safety, or the health and safety of others using Cornerstone's facilities or services.
- Town of West Hartford and HealthFitness Corporation are not responsible for my actions, injuries or losses, or those of other members or my guests. If I have a doubt about my ability to participate safely in any activities at Cornerstone, I shall consult my doctor. My presence and participation in activities at Cornerstone evidence my belief that I can safely be at and engage in activities at Cornerstone.
- The member understands that in using Cornerstone's facilities, equipment, and services and in participating in Cornerstone's programs, the member does so entirely at his or her own risk.
- The member waives and releases The Town of West Hartford, and all of its agents, employees, representatives, and agencies or departments and HealthFitness Corporation, its staff and volunteers from any and all liability and/or responsibility.
- I release and waive any and all rights and claims for damages or injuries, which shall also apply to my assigns, executors, heirs or others.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## MEMBERSHIP PAYMENT AUTHORIZATION

### NOTICE TO MONTHLY DRAFT PAY MEMBERS

I/we understand that my/our membership will be renewed on a continual basis unless notified by myself to terminate the membership. Should any pre-authorized check/charge for my/our monthly draft not be honored by my/our financial institution when received by them, then it is understood that the payment is to be made by me in the amount of said payment, and I realize that I am responsible for that payment plus a service charge. This service charge does not include possible fees imposed by my financial institution. I/we understand that if two monthly drafts are rejected my membership could be cancelled. I, the undersigned, have read, understand and agree to the above.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### ELECTRONIC FUNDS TRANSFER (EFT) OR CREDIT CARD AUTHORIZATION

I authorize the Cornerstone Aquatics Center to debit my account as indicated below on a monthly basis. Should any preauthorized EFT or credit card payment not be honored by my financial institution, then it is understood that the payment is to be made by me in the amount of said payment plus service charge. It is further understood that if such payment is not honored by my financial institution, then Cornerstone Aquatics Center, at its discretion, may resubmit the amount due for payment on a future date.



I choose to utilize the EFT option for my monthly draft payment

Financial Institution Name: \_\_\_\_\_

Name on Account: \_\_\_\_\_

Routing/Transit Number (9 digits): \_\_\_\_\_

Accounting Number: \_\_\_\_\_

Type of Account (check one):    0 Individual                      0 Business

I/we agree that the monthly amount debited will be \$ \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**OR**



I choose to utilize the credit card payment option for my monthly draft payment.

Please check one:    0 VISA                      0 Discover                      0 MasterCard

Name on card: \_\_\_\_\_

Card number: \_\_\_\_\_ Exp.: \_\_\_\_\_ Security Code: \_\_\_\_\_

Billing Address (if different than one listed on membership application):

\_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## CORNERSTONE AQUATICS CENTER

### Membership Cancellation Policy

- Membership is automatically renewed month –to – month until 30-day advanced written notice of cancellation is received.
- Cancellations must be emailed our Recreation Services Manager at [megan.stegner@hfit.com](mailto:megan.stegner@hfit.com).
- **You may be charged one additional month based on your billing cycle.**
- Members are subject to a \$50 joiner fee if rejoining less than 90 days from cancellation.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_