

Montefiore

Discounted Membership Fees – Effective September 1, 2019

Membership Type	Payment Options		Initiation Fee
	Annual	Monthly	
Individual	\$995	\$90	\$125
	\$746.25	\$67.50	
Family	\$1435	\$130	\$125
<i>Couple sharing household includes dependent children to age 24 living at home</i>	\$1076.25	\$97.50	
Single Parent Family	\$1050	\$95	\$125
<i>Unmarried adult (single income) includes dependent children to age 24 living at home</i>	\$787.50	\$71.25	
Senior Age 65+	\$775	\$70	\$125
	\$581.25	\$52.50	
Senior Couple Age 65+	\$1050	\$95	\$125
	\$787.50	\$71.25	
Student	\$720	\$65	\$125
<i>Full time students age 12+ Must show valid student ID</i>	\$540	\$48.75	
AARP	N/A	\$35	\$125
<i>Medicare Supplement Plan provided by UnitedHealthcare</i>		\$26.25	
Renew Active Fitness	N/A	\$0	\$0
<i>(Formerly Optum Fitness Advantage) Provided by UnitedHealthcare</i>			
Silver Sneakers	N/A	\$0	\$0
<i>Provided by healthcare provider</i>			

Full-time employees at all Montefiore locations receive a 25% discount on Riverdale Y membership rates.

Annual Membership is non-refundable and non-transferable. Annual Membership will be automatically renewed unless written request to cancel is provided at least 30 days prior to the renewal date.

Monthly Membership is automatically charged to EFT account or credit card on the 1st or the 15th of each month. Requests to cancel membership must be submitted in writing or via email with at least 30 days notice. Monthly Membership may be put on hold once per year, for a fee of \$10 per month, for up to 6 months, by submitting a doctor's note, a written or emailed request with at least 30 days notice. Beyond 180 days, an initiation fee is charged to reinstate membership. Membership hold begins only on the first of the month.

If membership is cancelled for any reason and you reapply for membership within 60 days there will be no additional fees to reinstate membership. After 60 days, a new initiation fee is charged to reinstate membership.0010

General Hours of Operation

Sunday	6:30 AM–8:00 PM
Monday	5:30 AM–10:00 PM
Tuesday	5:30 AM–10:00 PM
Wednesday	5:30 AM–10:00 PM
Thursday	5:30 AM–10:00 PM
Friday	5:30 AM–6:30 PM (Apr–Sept) 5:30 AM–5:00 PM (Oct) 5:30 AM–4:00 PM (Nov–Feb) 5:30 AM–5:00 PM (Mar)
Saturday	6:30 PM–10:00 PM (Nov–Feb)

Hours of operation are subject to change. Please check our website for emergency closings and current schedules.

Membership Services

347-913-4464



WHAT YOU GET WITH YOUR MEMBERSHIP

- State-of-art fitness center which includes a full line of selectorized and strength-training equipment, cardio machines and a free weight room
- Free fitness consultation with a personal trainer and fitness staff to assist with equipment in the fitness center
- Thirty+ cardio and strength-training group fitness classes per week, including Zumba®, water aerobics, yoga and Pilates
- Heated, indoor 25-yard pool
- Full-court gymnasium where you can play various sports
- Also included are the locker rooms (adult only, family women's, family men's and coed family locker rooms), and coed steam room and sauna
- *Three complimentary guest passes per year (\$20 value per individual, \$50 value for a family)
- *Refer-a-friend! Refer a new member to the Y and get a free month of membership
- *Member discount on most of our programs and classes
(check www.RiverdaleY.org for a list of all programs offered at the Riverdale Y)

**Excludes Silver Sneakers and Renew Active Fitness members*

MEMBERSHIP DISCOUNTS

The Riverdale Y recognizes those who serve our community and our country. *We offer a 25% discount on membership fees to full-time employees of UJA-Federation of New York network agencies, police, firefighters, paramedics, active military, EMT, Van Cortlandt Track Club members, and employees of our corporate partners. Also, full-time employees of Montefiore, Beth Israel, Mount Sinai and New York Columbia Presbyterian network hospitals will receive a 25% discount on membership rates.

** Must resubmit employment verification every year to retain membership discount*

Membership Services

347-913-4464

MEMBERSHIP REIMBURSEMENT & HEALTH PROVIDER PLANS

Check if your health insurance provider participates in a reimbursement program for your gym membership. Fifty visits per every 6 months could get you up to \$250!

We also participate in Silver Sneakers, Renew Active Fitness and AARP membership plans. You must contact your health insurance provider for eligibility.





THE RIVERDALE YM-YWHA MEMBERSHIP APPLICATION

5625 ARLINGTON AVENUE, BRONX NY 10471
MEMBERSHIP & MAILING INFORMATION

Circle One: Mr. Mrs. Miss Ms. Dr. M / F Birth Date (incl. year) _____

Last Name: _____ First Name: _____

Street Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email address: _____

Marital Status: Married/ Partnered _____ Single _____ Divorced _____ Widowed _____ Separated _____

Have you been a previous member of the Y? _____ Year? _____

Main reason for joining: _____ Where did you hear about us? _____

In case of emergency, notify: Name: _____

Phone: _____ Relationship: _____

Type of Membership: F I SPF ST SR SRC New Renew

All Memberships begin on the 1st of the month.

Silver Sneakers _____
Renew Active _____
AARP _____

Annual Membership: Year is paid in full, plus initiation fee*. This is non-transferable and non-refundable, cannot be canceled prior to end of term, or placed on hold. **Membership will renew automatically unless canceled in writing with 30 days prior notice.** _____ (Initials)

Monthly Membership: Monthly dues**, plus initiation fee*. **Membership is billed continuously each month unless canceled in writing or via email with 30 days prior notice. If credit card payment is declined, you will be charged a \$35 Returned Payment fee.** Charge me on the 1st _____ 15th _____ of each month. _____ (Initials)

Check Cash Charge My: MC VISA Discover Card # _____ Exp. Date _____

Name on Card _____ Signature _____

EFT: Name on Account _____ Bank Routing # _____ Bank Account # _____

* If membership is canceled for any reason, and you reapply for membership within 60 days, there will be no additional fees to reinstate membership. After 60 days, a new initiation fee is charged to reinstate membership.

** Monthly Membership will begin with pro-rated fee for current month. **Monthly Membership may be put on hold once per year, for a fee of \$10 per month, for up to 6 months, by submitting a doctor's note or written request with at least 30 days notice. Beyond 180 days, an initiation fee is charged to reinstate membership. Membership hold begins only on the first of the month. Rates are subject to change at any time with 30 days prior notice.**

*** If you are eligible for a discounted membership rate, you must resubmit employment verification every year to retain membership discount.

ADULT #2 (spouse/partner living at account holder's residence)

Circle One: Mr. Mrs. Miss Ms. Dr. M / F Birth Date (incl. year) _____

First Name: _____ Last Name: _____

Phone: _____ Cell: _____

Email: _____

CHILDREN (24 years of age and younger, living at accountholder's residence)

NAME	SEX (m/f)	BIRTH DATE	GRADE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Terms and Conditions/Waiver of Liability
(Please read and initial each section)

___ **Access** – Members are granted access to the Facility during business hours. You will receive an access card, to access the member areas within the facility and group fitness classes; entry may be refused if you fail to provide this card, or if your account is not in good standing. Memberships can only be frozen with the approval of the CEO.

___ **Facility Rules** – Rules are posted throughout the Facility and on our website, as well as in our program guide. As a Member, you accept these rules, and understand they are subject to change at the discretion of the Management. Members are expected to be courteous and respectful of all aspects of the Facility – including, but not limited to, other members, staff, and all equipment and contents of the Facility itself.

___ **Pool** – Rules are posted outside the office of the Aquatics Director. No shoes are allowed on the swim deck, swim caps are required. Members must provide their own towels.

___ **Fitness Classes** – Class schedules are subject to changes and/or occasional cancellations. For the safety of our members, we ask that members be on time to ensure proper warmup. Access may be denied after the first 5 minutes of the start of the class, at the discretion of the instructor.

___ **Personal Training** – There is a 24 hour cancellation policy for personal training appointments; members who cancel with less than 24 hours notice will be billed for the session. Members have the right to switch or vary between trainers; please see the Director with any requests or questions. Personal Trainers are required to perform an assessment and personal health history interview.

___ **Fitness Floor** – Members are expected to re-rack and replace any weights and equipment used during their workouts, as well as clean the surfaces of any machines used. Equipment is to be treated with care, and the Fitness Floor is to be kept clutter free; all personal belongings must be stored in a locker. Cell phone use is allocated to the hallway outside the fitness area. Sneakers and fitness attire are required; your access card must be presented upon entry.

___ **Lockers** – Lockers are for daily use. All personal belongings must be removed at the end of each day. Box lockers on the C Level are available for rent. All unrented lockers are clipped, cleared and the contents disposed of each week.

___ **Health and Liability Release** – I understand that use of all premises at the Riverdale YM-YWHA, including but not limited to the fitness center, gymnasium, steam room/sauna, swimming pool and/or the use of any and all equipment at the facility may contain risk. I agree that the Riverdale YM-YWHA and its staff are not liable for any injury or harm to me that occurs on the premises, including without limitations any injury arising from the use of the premises; the conduct of another user, guest, or staff member; or from any other cause.

I agree to the Terms and Conditions as outlined in this agreement, and they have been read and thoroughly explained to me. Violation of any of these terms may result in suspension or termination of Membership.

Signature _____ **Date** _____

PLEASE READ & INITIAL EACH SECTION

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OFFICE USE ONLY: Salesperson: _____ Date: _____ Received by _____ Processed by _____
Method of Payment: Cash Check Charge EFT Adjustments (if applicable): _____
Membership Type: _____ A M Initiation Fee: \$ _____ Total Paid Today: \$ _____