



MEMBERSHIP FREEZE FORM

MEMBERSHIP FREEZE POLICY: Membership may be frozen, at anytime and for any reason, by completing the YVY Fitness Center Membership Freeze Form, available at the Fitness Center, or by written notice, via certified mail, return receipt requested to YVY Fitness Center, 1312 38th Street, SUITE 515, Brooklyn, New York 11218, **at least thirty (30) days prior to the membership freeze date** (with the exception of a medical disability freeze). A Member shall have the right to a membership freeze once per twelve month period for a minimum of one (1) month and up to a maximum of three (3) consecutive months. A Member must be in good standing and current with membership dues at the time of request. A freeze request cannot be retroactive. During the membership freeze period no dues will be collected. Your membership will be reactivated and your monthly membership charges will automatically resume at the end of your freeze period.

Medical Disability Freeze: You must complete a Membership Freeze form as well as submit written verification from your physician stating that your medical disability will prevent you from using the Fitness Center. The minimum term for a medical freeze is two (2) months and up to a maximum of six (6) months within a twelve (12) month period. YVY Fitness Center reserves the right at its sole discretion, to require medical clearance prior to allowing member to return from a medical disability freeze or to deny re-entry for any member may be suspected (for any reason) of having a medical condition deemed by YVY Fitness Center to be detrimental to the safety, health or wellbeing to the his/herself or any other Member or Guest.

Name _____

Address: _____ City: _____ State: _____ Zip: _____

E-Mail: _____ Home Phone: (____) _____ Cell Phone: (____) _____

Requested Membership Freeze Date*: ____/____/____ Requested Membership Resume Date*: ____/____/____

Member Signature _____ Date ____/____/____

Members under 18: Signature of Parent or Guardian _____ Date ____/____/____

Check one: **GENERAL FREEZE ()** **MEDICAL DISABILITY FREEZE - DOCTORS NOTE ATTACHED ()**

***Please note:** Although the Fitness Center will take into account the requested membership freeze date, the effective membership freeze date will be determined by management in accordance with the policies listed above.

For office use only	Member #: _____
Effective Membership Freeze Date: ____/____/____	Effective Membership Resume Date: ____/____/____
Staff Signature _____	Date ____/____/____

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