



Stayton Family Memorial Pool Insurance Sponsored Membership Application

This application is for individuals using an eligible insurance-based benefit, including SilverSneakers, Silver&Fit, or AARP benefits to access pool membership.

REQUIRED DOCUMENTATION

To process this application, the following must be provided at the time of submission:

- A copy of your current eligibility confirmation for your insurance-sponsored fitness program (e.g., SilverSneakers, Silver&Fit, AARP, or other eligible program)
- A valid government-issued photo ID

Applications cannot be approved without required documentation.

First/Last Name: _____
No Nicknames

Address: _____

City/State: _____ **Zip:** _____

Email: _____

Cell Phone: _____ **Phone Carrier:** _____

Date of Birth: _____ **Gender:** Male Female

Emergency Contact

Name: _____

Phone: _____

Insurance Program (choose one):

Silver and Fit

Silver Sneakers

AARP

Insurance Program ID #: _____

CITY OF STAYTON STAFF USE ONLY

Date Received: _____ Received By: _____

Copy of Insurance Eligibility: Copy of Photo ID:

Eligibility Confirmed: By: _____ Date: _____

Customer Notified (Employee Name and Date): _____



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Member Agreement & Policies

Please read and initial each section.

1. Eligibility & Verification

I understand that membership is subject to verification of active eligibility through my insurance provider.

I understand the facility may periodically re-verify my eligibility.

I agree to notify the facility immediately if my insurance coverage changes or terminates.

2. Billing & Financial Responsibility

I understand that my insurance benefit may cover only specific membership access.

I agree to pay for any services, programs, or amenities not covered by my insurance benefit.

If my eligibility is denied or terminated, I agree to pay applicable membership fees for continued use of the facility.

3. Check-In & Participation Requirements

I understand that I must check in at the front desk each visit to ensure proper reporting.

I understand some insurance programs may require minimum participation, and the facility is not responsible if those requirements are not met.

4. Non-Transferability

I understand this membership is non-transferable and may only be used by me.

Sharing access or allowing unauthorized use may result in termination of membership.

5. Suspension or Termination

I understand my membership may be suspended or terminated if:

- My insurance eligibility ends
- I violate facility rules or policies
- I fail to comply with the terms outlined in this agreement

6. Assumption of Risk & Liability Waiver

I acknowledge that participation in aquatic and fitness activities involves inherent risks.

I voluntarily assume all risks associated with participation and release the facility from liability to the fullest extent permitted by law.

7. Privacy & Information Authorization

I authorize the facility to verify my eligibility with my insurance provider.

I authorize the facility to share attendance information as required for insurance reimbursement.

I understand my personal information will be handled in accordance with facility privacy policies.

8. Code of Conduct

I agree to follow all pool rules, safety policies, and staff instructions.

I understand that inappropriate or unsafe behavior may result in suspension or termination of membership.

Signature

Date