Yuba City Racquet & Health Club

Request for Medical Freeze of Membership

If you are unable to use your membership at The Yuba City Racquet & Health Club due to medical circumstances, you may request to freeze your membership with the following understanding:

1. For your protection, no processing or change in billing will occur until a written "Request for Medical Freeze" with the member's signature is received. The request may not be taken verbally, by phone or e-mail.
2. Member is responsible to provide a statement from his/her physician indicating the time period that the member will be unable to use the club. This authorization must state the estimated length of time needed to freeze membership. This authorization must be attached to this from in order to process.
3. The Request for Medical Freeze of Membership must be received by the Accounting Department by the 15th of the month preceding the month that you wish to be on Medical Freeze.
4. Member may request to put their membership on freeze for a minimum of one calendar month and a maximum of three calendar months. No partial months allowed.
5. Medical Freeze may not be done retroactively. No refunds will be given for membership.
6. During the Medical Freeze period, the member's dues will be lowered to $0 per month.
7. The membership dues will automatically reactivate on the first of the month following the Medical Freeze period at the current rate for your membership type.
8. Member understands that an additional physician authorization may be required to extend a medical freeze.
9. If your Request for Medical Freeze of Membership is made during your first 12 months of membership and you have committed to paying dues for 12 months, your 12 month commitment date will be extended by the number of months that you are on Medical Freeze.
10. Please fax this form to 530-673-4006 or mail to YCRC Accounting Department 825 Jones Road, Yuba City, CA 95991.
11. For confirmation of receipt of this Request for Medical Freeze of Membership, please provide a fax number_____ or a mailing address _____.

If you do not receive written confirmation of receipt within 10 business days or have any questions, please contact the Accounting Department immediately at 530-673-6900 ext. 104.

I, _____, request to place my YCRC membership on Medical Freeze status from the first day of _____ (calendar month) to the last day of _____ (calendar month).

I understand that my dues will automatically reactive on the first of the month following the Medical Freeze period.

_____ _____ _____

Signature Contact Number Date

office use only - print details on reverse

Date Received: _____	*Join date:* _____	*Bill date effective:* _____	*Reactivate date:* _____
Date Processed: _____	*Comm.:* _____	*From $_____ to $_____*	*From$_____ to $_____*
Employee: _____		*Fax/mailed:* _____	