**Richmond Hill Mobility Accessibility Foundation’s**

**Fitness Membership Application Form**

*Richmond Hill Mobility offers a subsidized 6-month renewable* ***(upon approval)*** *Fitness Studio Membership or a Fitness Plus membership to persons with disabilities*.

**Please read the following**:

1. The cost to the client is **$45** **for six months** paid directly at one of the Community Centers in Richmond Hill, and the remainder (approx. $395) is funded by Richmond Hill Mobility **based on availability of funds**.
2. The Community Centre is responsible for processing the membership and answering any questions.
3. All new memberships and renewals to contact Richmond Hill Mobility at [richmondhillmobility@gmail.com](mailto:richmondhillmobility@gmail.com) first. Please do not call the office as due to staffing your call may not be answered.
4. **Staff at the Community Centre do not have the authority to approve any funding for new clients and those renewing.**
5. All memberships are based on funding availability.
6. Due to staffing, approvals may take longer than a few days. Please be patient as we try our best.
7. Richmond Hill Mobility reserves the right to revoke and/or not approve a membership.
8. Members are to follow the rules and regulations of their agreement with the City of Richmond Hill’s Community Centers.

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**The following is to be completed for new membership consideration. Please send this portion to** [**richmondhillmobility@gmail.com**](mailto:richmondhillmobility@gmail.com)**:**

|  |  |
| --- | --- |
| First Name: |  |
| Last Name: |  |
| Address (must be a resident of Richmond Hill) |  |
| Email address: |  |
| Phone number: |  |
| How did you hear about us: |  |
| Type of Disability:  (details not needed) |  |

\*Richmond Hill Mobility reserves the right to request a doctor’s verification

at any time during the 6 month gym membership of disability

\*Any information in regard to your disability will not be shared without your consent.

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

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

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