

Non Member Registration

Official Use Only:

*Non-members are welcome to participate in *some* programs at Alpine Hills*

In order to participate, the club requires monthly payments & an E-mail Address on file.

| | Registration | Information | | | |
|--|------------------------------|---|--------------------|----------------------|--|
| Parent/Guardian Name: | | | | | |
| Address: | | **REQUIRED to receive e-mailed monthly statement, we do NOT mail statements** Email: | | | |
| City: | | | | | |
| State/Zip: | | | | | |
| Primary Phone: | | Cell Phone: | | | |
| First Name | Last Name | Gender | Birth Date | Notes | |
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| <i>Policies:</i> Non-member pro depart 15 minutes after, th | | | | • | |
| cancellations. No-shows a | | | | _ | |
| Payment: By singing below to pay the balance in full by | | ny responsibility | y to review my m | onthly statement and | |
| <i>Waiver:</i> I understand that | any athletic activities have | e inherent risks | and that these ris | sks are related to | |
| participating in Alpine pro | | | | | |
| sole responsibility of the in | | _ | | | |
| hold harmless Alpine Hills members. If the participan above risks. | | | | | |
| Dated: | Signature: | Pri | nt Name: | | |

Payment Methods

We offer **three** methods for paying your bill. **Please choose a billing method below**Failure to pay your bill monthly will result in Alpine Hills prohibiting your further participation until the account is paid in full. All bills are due by the 25th of the month.

Pay by Check

Pay to the order of:

Alpine Hills Tennis and Swimming Club

In the lower left hand corner please write your non-member number

CHECK POLICIES:

A written check does not authorize automatic payment authorization. Checks will be applied to the account within two days of being received. Checks must be received by the 25th of the month to avoid late fee penalties.

Pay with Credit Card (Plastiq)

Payment needs to be made monthly through Alpine Hills Website. Check your e-mail and/or online account for your monthly statement and pay accordingly. Late fees apply if you do not pay your account in full.

Username: Will be e-mailed to you once the registration is processed

Password: Initial password will be your last name all lowercase (you will create secure password once signed in)

PLASTIO POLICIES:

Please note you will have to create an account and that payments may take 3-5 business days to process. All Plastiq fees associated with payment will be passed on to the payee. Using Plastiq, a third-party service provider, you can pay with MasterCard, Visa or American Express. Current fees are 2.5% for credit cards and 1% for debit cards. Please enter non-member number as listed on your statement.

| Automatic Payment Authorization | | | | |
|---|-----------------|--|--|--|
| If possible, provide a VOIDED CHECK with Name | Account Number: | | | |
| imprinted (no starter checks) | | | | |
| Bank Name: | Routing Number: | | | |
| | | | | |
| Name of Account Holder: | | | | |
| | | | | |

AUTOMATIC PAYMENT POLICIES:

Alpine Hills will send Electronic Statements to the email address provided on the 2^{nd} day of the month. The Electronic Statements are for your information ONLY. All charges on your Electronic Statement are for participation in programs in the month prior. You have 8 days to report discrepancies on statement before payment is withdrawn. Alpine Hills will automatically withdraw the 'Balance Due' amount from your Bank Account on or about the 10^{th} day of the month.

AUTOMATIC PAYMENT AUTHORIZATION:

By signing below, I am agreeing that I am either the account holder or have the authority of the accountholder to authorize Alpine Hills to automatically withdraw from above named account. I am authorizing Alpine Hills Tennis and Swimming Club to direct debit the total amount for <u>all charges incurred</u>, by any family member, to my bank account provided herein. I understand that to receive monthly statements of these charges before direct debit on or about the 10th day of the month, I must provide a current e-mail address. I agree that I will pay for the programs and/or activities in accordance with the issuing bank direct debit agreement.

| | D-4- J | Ci t | Print Name |
|--------|--------|------------|-------------|
| Dateu: | Dated: | Signature: | Print Name: |