**https://lh4.googleusercontent.com/x27Y3PFpVYjUkQVKXi88MxD3wnTRkRyMVhGAFu2Dv23OYi7o5LnFD_1cwsbe5QOIGXUkBQXjmurkwbgpsrnUUhiLyGhVjVqg9Np2jta32G0j8rdCP569IDCR_4XugohcJk21VZjx**

**Cedardale Health & Fitness MEDICAL HOLD Policy & Form**

Cedardale Health & Fitness is happy to accommodate our members with a Medical Hold. A Member must meet the criteria listed below to qualify:

**Eligibility Requirements:**

* **Completed Form must be signed and delivered to the Cedardale Bookkeeping Dept.**
* **A doctor’s/medical note must be included with the form**
* **The doctor’s note must state member’s name**
* **A Medical Hold is offered up to 12 months**
* **If renewal is required an updated doctor’s note is required to continue on hold**

**Dues**:  While a Member is on Medical Hold there will be no membership dues charged.

**Membership Account:** A Medical Hold is valid up to 12 months. If you as the member have not contacted us by the end of the 12th month on hold your account will be moved to a cancelled status and you will subject to an enrollment fee if you decide to rejoin.

**Locker Rentals:** If a Member rents a locker and chooses to keep the locker while on hold monthly locker rental fees will be applied.  If you choose to discontinue your locker rental there is no guarantee that a locker will be available for rental when you return from the hold.

***NOTE:*** *A Member will n*ot be allowed access to the club as a member or a guest while your membership is on hold.

***Please contact the Bookkeeping office when you are ready to come off Hold.***

No phone calls will be accepted as we require a signature.   
For your convenience it can be scanned/emailed or faxed to our Bookkeeping Dept..    
Email Karen Arsenault at [karsenault@cedardale-health.net](mailto:karsenault@cedardale-health.net)

Mail Address: Cedardale Health + Fitness  
 931 Boston Road  
 Haverhill, MA 01835

Attn:  Karen Arsenault

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Please Print)  
  
Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_

Hold Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Initials\_\_\_\_\_\_\_\_   I have attached or emailed/scanned a doctor’s note with this request.

Member Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Office Use Only Bookkeeper Initials \_\_\_\_\_\_\_\_**

Eligible for Hold? \_\_\_\_\_\_\_\_\_\_\_\_ Member Notified if Not Eligible? \_\_\_\_\_\_\_\_

Date processed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Member Dues Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Locker Rental:  Yes No Was a Locker Cancellation form submitted with Hold? \_\_\_\_\_\_\_\_