

SIUE Student Fitness Center Membership Agreement



(PLEASE PRINT LEGIBLY)

MEMBER INFORMATION

New membership* Renewal

Name (Last, first, middle initial)

Date of birth

Street address, City, ST, ZIP code

Member # (800# or 777#)

Primary phone number | Other phone number

Email address (required)

Today's date (staff use)

Expiration date (staff use)

Parking Tag # (staff use)

Type of Membership-Staff use

- | | | | | | |
|---|----------------------------------|---|---|---|---------------------------------------|
| <input type="checkbox"/> Alumni | <input type="checkbox"/> Faculty | <input type="checkbox"/> Non-Enrolled* | <input type="checkbox"/> Family of (type) _____ | <input type="checkbox"/> 1/2 Price New Employee | |
| <input type="checkbox"/> Alum Assoc Life. | <input type="checkbox"/> Staff | <input type="checkbox"/> School of Dental Med* | <input type="checkbox"/> First Family of (type) _____ | <input type="checkbox"/> Dual-Enrolled Student* | <input type="checkbox"/> EFT Retiree* |
| <input type="checkbox"/> Affiliate* | <input type="checkbox"/> Retiree | <input type="checkbox"/> Student Success Center | <input type="checkbox"/> Opt-In Student* | <input type="checkbox"/> Dual-Admitted Student* | <input type="checkbox"/> EFT Faculty* |
| | | <input type="checkbox"/> Recent Graduate | | <input type="checkbox"/> Payroll Deduction* | <input type="checkbox"/> EFT Staff* |

***For these memberships, verification of member eligibility by SFC administrative staff may be necessary.**

EMERGENCY CONTACT INFORMATION

Name

Relationship

Primary phone number | Other phone number

Family Members with SFC Memberships

Name | Relationship

800# or 777#

Name | Relationship

800# or 777#

Name | Relationship

800# or 777#

Name | Relationship

800# or 777#

Continue to waiver on the reverse side of this page.

Checklist-Staff use:

Salesperson's Name (Printed)

Date

- | | | | | |
|---|---|--|--|--|
| <input type="checkbox"/> 1. Read previous CSI notes. | <input type="checkbox"/> 2. This form is complete & LEGIBLE. | <input type="checkbox"/> 3. Waiver is signed & initialed. | <input type="checkbox"/> 4. PAR-Q completed. | <input type="checkbox"/> 5. Flag is on in Gold |
| <input type="checkbox"/> 6. Point of Sale completed. | <input type="checkbox"/> 7. Receipt stapled on the right side of this form. | <input type="checkbox"/> 8. Eligible for a parking hangtag? | <input type="checkbox"/> 9. Parking tag form complete & receipt. | <input type="checkbox"/> 10. Temp parking tag # entered in binder. |
| <input type="checkbox"/> 11. Temp parking tag # entered in CSI. * | <input type="checkbox"/> 12. Correct phone and address entered in CSI. * | <input type="checkbox"/> 13. Correct EMAIL entered into CSI. * | <input type="checkbox"/> 14. Emergency contact with phone # entered. * | <input type="checkbox"/> 15. Member "Active" in Gold. * |
| <input type="checkbox"/> 16. Member is "Active" in CSI. * | <input type="checkbox"/> 17. Salesperson's name entered in CSI. * | <input type="checkbox"/> 18. Correct expiration date entered in CSI. * | <input type="checkbox"/> 19. Notes put in CSI. * | |

*These can be entered into CSI after the member leaves. (13-20)



Waiver of Liability

I hereby agree to abide by all policies regulating Southern Illinois University Edwardsville and Campus Recreation with the understanding that any violation of those policies may result in forfeiture of privileges and fees paid to Campus Recreation.

In addition, I hereby assume responsibilities for any injury to myself, my children, or damage to any property that should occur during any SIUE sponsored activity and release any and all right or claims for damages which may hereafter occur to same, or which we may have against Southern Illinois University Edwardsville and all individuals involved in these programs and any of their agents. As the customer, I agree to pay any and all attorney's fees, court costs, or collection charges incurred by the University of returned checks or other account collection efforts.

Signature of member

Today's Date

Also fill out this section if the participant is a minor child :

I have read, understand, and have freely and voluntarily signed this Release, Waiver of Liability, Assumption of Risk, & Covenant Not to Sue Agreement on behalf of my minor child.

Minor Participant's Name (Please print clearly.)

Parent or Legal Guardian's Name (Please print clearly.)

Parent or Guardian's Signature

Today's Date

Refund Policy Acknowledgement

SIUE Campus Recreation policy states that memberships are "nontransferable and nonrefundable." <http://www.siu.edu/campus-recreation/about/policies-procedures.shtml>. Consideration of extenuating circumstances will be conducted on a case-by-case basis. Any refund granted will incur a \$25.00 processing fee.

Please initial acknowledgement of this refund policy.

Initials

Birthdate Verification (staff use only)

I _____ verify that the above participant or guardian presented a photo ID with a date of birth over 18 years.
Staff name-printed

Staff signature

Date