

SIUE Student Fitness Center Membership Agreement



(PLEASE PRINT LEGIBLY)

MEMBER INFORMATION

☐ New membership* ☐ Renewal

*Eligible for free large locker

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*

Join date (staff use)

Expiration date (staff uses)

Parking Tag # (staff use)

Type of Membership-Staff use

☐ Alumni ☐ Faculty ☐ Non-Enrolled*

☐ Paid Lifetime
Alumni Assoc.

☐ Staff

☐ School of Dental Med*

☐ Affiliate*

☐ Retiree

☐ Student Success Center

☐ Family of (type) _____

☐ First Family of (type) _____

☐ Opt-In Student*

☐ Recent Graduate

☐ ½ Price New Employee

☐ Dual-Enrolled Student*

☐ Dual-Admitted Student*

☐ Payroll Deduction*

☐ EFT Retiree*

☐ EFT Faculty*

☐ EFT Staff*

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

EMERGENCY CONTACT INFORMATION (REQUIRED)

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

☐ 1. This form is complete

☐ 2. Print is legible

☐ 3. Waiver is signed & initialed

☐ 4. PAR-Q completed

☐ 5. Flag is on in Gold

☐ 6. Point of Sale completed

☐ 7. Receipt stapled on the right side of this form

☐ 8. Eligible for a parking hangtag?

☐ 9. Free large locker offered new member

☐ 10. Offered unlimited Wi-Fi if no SIUE email

☐ 11. Parking tag # entered in binder

☐ 12. Parking tag # entered in CSI*

☐ 13. Correct phone and address entered in CSI*

☐ 14. Correct EMAIL entered into CSI*

☐ 15. Emergency contact with phone # entered*

☐ 16. Member "Active" in Gold*

☐ 17. Member is "Active" in CSI*

☐ 18. Salesperson's name entered in CSI*

☐ 19. Correct expiration date entered in CSI*

☐ 20. Notes put in BOTH Gold AND CSI*

*These can be entered into CSI after departure. (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.

X_____

Signature

X_____

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.

X_____

Initials

Birthdate Verification (staff use only)

I _____ verify that the above participant presented a photo ID with a date of birth over 18 years.

Staff name-printed

X_____

Staff signature

Date