

**SAINT JOSEPH'S COLLEGE
HAROLD ALFOND CENTER
ALUMNI MEMBERSHIP APPLICATION**

Member Information		
Name:	Year of Graduation:	Major:
Home Address:		
Home Phone:	E-mail Address:	
Spouse's Name:		
Dependent Children (first name, date of birth, and last name if different):		

Alumni Membership Policies
<ol style="list-style-type: none"> 1. Alumni member must present membership card at time of use, to be held at Control Desk for duration of visit. 2. Alumni members will have use of a day locker. 3. Alumni members are not allowed to bring a guest. Only SJC employees are eligible to bring guest(s). 4. Children under age 18 must be accompanied by parent/legal guardian while in the facility. 5. Members must be 16 years old or older to use the Fitness Room. 6. Must sign a Facility Use Waiver form. 7. Adhere to the two-shoe policy. 8. We will issue one card per membership. If you would like any additional cards, there will be a \$5.00 per card fee. <p>For more information on policies and procedures please visit the website: http://www.sjcme.edu/athletics/alfondcenter.htm</p>

Acknowledgement of Risk				
<p>I recognize that participating in the activities available in the Alfond Center involves certain risks which could result in bodily injury of some kind. I recognize my responsibility to participate only in those activities for which I have the prerequisite skills, qualifications, training and physical conditioning. I am participating voluntarily and will follow all College policies and regulations. I certify that I have sufficient medical and hospital insurance to cover any medical treatment that may be necessitated by injuries sustained while on college property and recognize that the College has relied on this representation in approving my visit. Therefore, by participating, I assume all risks of injury to self that may be sustained. In addition, I release Saint Joseph's College, its officers and employees from any and all liability arising out of or related to my use of the facilities.</p>				
<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">Signature</td> <td style="width: 40%; border: none;">Date</td> </tr> <tr> <td style="border: none; height: 30px;"></td> <td style="border: none; height: 30px;"></td> </tr> </table>	Signature	Date		
Signature	Date			

**BEFORE USING THE ALFOND CENTER, ALL MEMBERS MUST PARTICIPATE IN A BUILDING ORIENTATION.
PLEASE CALL 893-6615 TO SCHEDULE YOUR ORIENTATION.**

Alumni Office	Staff Name _____	Date _____
Alfond Center	Staff Name _____	Date _____
Information Systems	Staff Name _____	Date _____