

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

APPENDIX D

Member Information		
Name:	Department:	Position:
Home Address:		
Home Phone:	Campus Extension:	E-mail Address:
Spouse's Name:		
Dependent Children (first name, date of birth, and last name if different):		

Family Membership Policies
<ol style="list-style-type: none"> 1. Family members must present membership card at time of use, to be held at Control Desk for duration of visit. 2. Family members will have use of a day locker. 3. Family 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. Family members must sign a Facility Use Waiver form. 7. Family members must adhere to the two-shoe policy. 8. We will issue one card per membership. Additional cards will be issued with a fee of \$5.00 per card. <p style="padding-left: 0;">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.**

Human Resource	Staff Name _____	Date _____
Alfond Center	Staff Name _____	Date _____
Information Systems	Staff Name _____	Date _____