

**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): Note: Dependent children are considered to be children under the age of 18 years or under the age of 24 years attending a College or University.		

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 allowed 4 guest visits per month. 4. Family members are not allowed to bring a guest. Only alums are eligible to bring a guest. 5. Children under age 18 must be accompanied by parent/legal guardian while in the facility. 6. Members must be 16 years old or older to use the Fitness Room. 7. Must sign a Facility Use Waiver form. 8. Adhere to the two-shoe policy. <p style="padding-left: 20px;">For more information on policies and procedures please visit the website: http://www.sjcme.edu/alfond</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; padding: 5px;">Signature</td> <td style="width: 40%; border: none; padding: 5px;">Date</td> </tr> <tr> <td style="border: 1px solid black; height: 30px;"></td> <td style="border: 1px solid black; 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 _____
Campus Safety	Staff Name _____	Date _____