

## DOANE FITNESS FACILITIES COMMUNITY MEMBER APPLICATION

**PLEASE CIRCLE THE TYPE OF MEMBERSHIP YOU WOULD LIKE:    INDIVIDUAL OR FAMILY**

Name of person completing application:

Home #:

Cell #:

Date of Birth:

Current home address:

City:

State:

ZIP Code:

### ELIGIBLE DEPENDENT INFORMATION **\*\*SEE POLICY BELOW\*\***

Name:

Date of Birth:

Lives with you?   Y or N

Name:

Date of Birth:

Lives with you?   Y or N

Name:

Date of Birth:

Lives with you?   Y or N

### EMERGENCY CONTACT INFORMATION

Name of a emergency contact not residing with you:

Address:

Phone:

City:

State:

ZIP Code:

Relationship:

### FITNESS FACILITIES INFORMATION

Fitness Community Usage:

Use of the Haddix Center, Haddix Center Fitness room, weight room and tennis complex.

Community members must complete this application, the Waiver of Liability Form available, obtain a community member ID and pay the applicable fee to access the recreational facilities.

Dependent Community access:

Dependents must be at least 16 years of age. For purposes of this policy, the term "dependents" means a spouse or partner of the community member or a child of the community member living in the community member's home.

Loss of Privileges:

Violations of the posted rules in the fitness centers may result in loss of fitness facility access. Any person permitting another person to use their ID may lose fitness facility access.

### SIGNATURE

I have read the fitness facilities policy (attached.) I confirm that all the information listed above is accurate. I further understand that submitting false information on this document will result in the loss of access to fitness facilities at Doane College. I will update this information immediately if a dependent is no longer living with me.

Signature of applicant:

Date:

**Business Office Use Only:**

Type of Membership: Individual or Family

Waiver Form completed: \_\_\_\_\_

Datatel ID: \_\_\_\_\_

Date Membership Paid: \_\_\_\_\_ Amount paid: \_\_\_\_\_

Initial: \_\_\_\_\_