

**Charles S. Johnson Wellness Center
Field house and Fitness Area Membership Form**

Name: _____ Date: _____

Family memberships please list requested information below. No one under 16 is allowed to use the facility without adult supervision. **(Family is defined as spouse and any unmarried, dependent children age 21 or under)**

Name	Relationship	D.O.B.

Address: _____

City: _____ State: _____ Zip: _____

Phone: (H) _____ (W) _____

Check appropriate membership:

- Alumni Year(s) of attendance _____
 - Individual (\$200)
 - Family (\$300)
- Full Time Student, Part Time Student, Part Time Faculty, Part Time Staff (*circle appropriate membership type*)
 - Family Membership (\$300)

If Staff, Faculty or Retiree please print Department you work(ed) in _____

Methods of Payment: CASH CHECK

Membership includes use of:

- 1/10th mile jogging and walking track.
- Courts for basketball and volleyball.
- Cardiovascular Equipment
- Cybex weight machines and free weights
- Locker Facilities

Supervision/Security

- *Supervision is at 1st floor Control Desk & Weight Area Desk of the Charles S. Johnson Wellness Center.
- *Grand View College will not be responsible for any accidents on the premises.
- *Each individual/family must sign a waiver form releasing Grand View College of any liability.
- *Grand View College is not responsible for lost, stolen or damaged items

Member Signature: _____ Date: _____

Staff Signature: _____ Date: _____