



STUDENT APPLICATION

MCG Wellness Center

LAST NAME OF PERSON JOINING		FIRST NAME	MIDDLE INITIAL
EMAIL ADDRESS		WORK PHONE	HOME PHONE
MAILING ADDRESS		CITY	STATE ZIP
TITLE (DR., MR., MS., ETC.)		GENDER	DATE OF BIRTH
NAME OF STUDENT SPOUSE / SPONSORING MEMBER		FAMILY/CHILD MEMBERSHIP INFORMATION (If necessary)	
HOW DID YOU HEAR ABOUT THE WELLNESS CENTER?		SPOUSE	WELLNESS BADGE ID# (OFFICE USE ONLY)
IN CASE OF EMERGENCY, CONTACT	RELATION	SPOUSE EMAIL ADDRESS	BIRTH DATE M / F
TELEPHONE NUMBER		CHILD	BIRTH DATE M / F
		CHILD	BIRTH DATE M / F

CONDITIONS OF PARTICIPATION

I agree to abide by the rules and regulations established by the MCG Wellness Center, as they exist now, and as they may be modified in the future. I may obtain a copy of all such rules and regulations from the Wellness Center website at <http://www.mcg.edu/wellness/apply.htm>. MCG reserves the right to amend our rules and regulations without notice, but changes will be posted at the same location.

I also assume the risk of any activity that I engage in at the MCG Wellness Center, and at any event sponsored or presented by the Medical College of Georgia. I agree that I am familiar with the risks of the activities in which I will engage. If I have questions concerning the risks of any activity, I may consult with the Wellness Center staff before beginning activity.

I am aware that participation in physical activities involves a higher degree of risk than normal activities. It is my sole responsibility to consult a physician if in doubt. The Medical College of Georgia cannot assume responsibility for the loss of personal property or injury to participants. Participants must present proper ID for facility and program

SIGNATURE	DATE
SPOUSE / SPONSORING MEMBER SIGNATURE (If applicable)	DATE

PLEASE COMPLETE THE REVERSE SIDE OF THIS APPLICATION

OFFICE USE ONLY:	DATE: / /	PROOF: Y / N	BADGE#	SMART CARD#
	LOCKER#	LOCKER EXP:	LOCKER WAIT?: Y / N	
	ENTERED IN CSI:	POS AMT:	STAFF:	

MEMBERSHIP REQUIREMENTS

Membership at the MCG Wellness Center is only available to the categories listed. Proof of eligibility may be required.

STUDENT MEMBERSHIP - Students enrolled for six (6) hours or more are automatically billed the Wellness Center fee. The fee is paid directly to the cashier's office at the beginning of each semester.

SPOUSE & FAMILY MEMBERSHIP - Includes full access for student spouse and a limited membership for all dependent children 6 to 18 years of age. Access for children is limited to Friday 5-10 pm; Saturday 9 am-5 pm; and Sunday 1-9 pm.

ADDITIONAL DEPENDENT MEMBERSHIP - Provides full access for any dependent 18-25 years old who is sponsored by their eligible parent/guardian. Parent/guardian must be a current Wellness Center member.

SPONSORED MEMBERSHIP - Provides full access for any adult sponsored for membership by an active Wellness Center student / member.

MEMBERSHIP TYPE

MCG Student enrolled for less than six (6) hours / not enrolled for summer semester

	Spring	Summer	Fall
Student	<input type="checkbox"/> \$70	<input type="checkbox"/> \$30	<input type="checkbox"/> \$70

MCG Student Spouse & Family

	<u>1-Month</u>	<u>Flex-Month</u>	<u>12-Month</u>
Spouse/Family	<input type="checkbox"/> \$30	<input type="checkbox"/> \$18	<input type="checkbox"/> \$216

Visiting Student (To qualify for this rate, all other tuition and fees must be paid/transferred to MCG.)

	<u>1-Month</u>	<u>Flex-Month</u>	<u>12-Month</u>
Individual	<input type="checkbox"/> \$30	<input type="checkbox"/> \$18	<input type="checkbox"/> \$216
Family	n/a	<input type="checkbox"/> \$36	<input type="checkbox"/> \$432

Affiliate Memberships

	<u>1-Month</u>	<u>Flex-Month</u>	<u>12-Month</u>
Dependant	<input type="checkbox"/> \$44	<input type="checkbox"/> \$35	<input type="checkbox"/> \$420
Sponsored	<input type="checkbox"/> \$50	<input type="checkbox"/> \$44	<input type="checkbox"/> \$528

LOCKER RENTAL

Lockers are available for rental on a 4 or 12-month basis. Premium lockers are located inside the locker room and require a 12-month rental. Standard lockers are located adjacent to the locker room and can be rented for 4 or 12 months. Locker fees must be paid in full at time of enrollment. Locker fees cannot be payroll deducted or charged on a monthly basis. You are responsible for providing a lock for your locker.

12-Month Premium Locker \$120

12-Month Locker \$60

4-Month Locker \$25

MONTHLY CREDIT CARD DRAFT AUTHORIZATION

This section is to notify us of a start or change in the way you wish to pay for your membership. Please acknowledge the payment terms and conditions by completing the requested information below and return this form to the Wellness Center. You are welcome to call or visit the Wellness Center during business hours to change your payment method. Please allow up to 15 days for your change to take effect.

By initialing here, I authorize the MCG Wellness Center to obtain payment once per month via credit card for the fees for which I am currently responsible. I understand that if any payment is refused and remains unresolved for 30 days, my service may be terminated. *If I hold a Flexible Term membership, I understand that I may cancel my membership upon 30 days' written notice to the Wellness Center.* I understand that the Wellness Center will provide 60 days notice of any change to the Terms and Conditions of Membership, including a change in monthly fees.