



# Membership Application

## Palomar Community College District



1140 W. Mission Road, San Marcos, CA 92069 - (760) 744-1150, Ext. 2838  
[fitnesscenter@palomar.edu](mailto:fitnesscenter@palomar.edu) / [www.palomar.edu/fitnesscenter/](http://www.palomar.edu/fitnesscenter/)

**This form must be complete and legible to be accepted.**

**General Information:**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Print Print

Employee / Student ID # \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home or cell. Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Bus. Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext \_\_\_\_\_

Birth date: \_\_\_/\_\_\_/\_\_\_ Sex ( M / F ) Email: \_\_\_\_\_

**Whom should we contact in the event of a medical emergency?**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**\*\*Form cannot be accepted without emergency contact.**

**MEMBERSHIP OPTIONS**

- \_\_\_\_\_ : Payroll Deduction (Classified and Contracted Faculty & Staff)
- \_\_\_\_\_ : Monthly \$12.00 QR Code Purchase (PC Employees, Only)
- \_\_\_\_\_ : 3 Months \$35.00 QR Code Purchase(PC Employees, Only)
- \_\_\_\_\_ : 6 Months \$65.00 QR Code Purchase (PC Employees, Only)
- \_\_\_\_\_ : Yearly \$120.00 QR Code Purchase (PC Employees, Only)
- \_\_\_\_\_ : Partnership (ATH & KINE Instructors/ ASG/ SWAG/Nursing/ Rising)

**WFC STAFF**

Payroll Deduction: YES or NO

Membership Type: \_\_\_\_\_

**Total:** \_\_\_\_\_

**Staff Member:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_

*\*Please note: Failure to abide by WFC rules and regulations may result in membership cancellation and WFC access revocation.*

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**WFC Staff Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**--ALL FEES ARE NON-REFUNDABLE REGARDLESS OF USAGE--**

**(TURN OVER)**

# WFC Liability Waiver

I, (please print) \_\_\_\_\_ understand and agree that there are risks in my use of the facilities of the Palomar College Wellness Fitness Center that may result in accidents, injuries or even death. I freely assume these risks. I further agree to indemnify and hold harmless the Palomar Community College Districts, employees, officers, and Governing Board from and against all claims, demands, losses, actions, causes of action, liability, costs, expenses, and attorney's fee, arising out of, or in any way connected with my presence in and/ or use of the Facilities, without regard to actual and/ or legal cause thereof.

\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Signature of Participant

\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Signature of Witness (WFC Staff)