Membership Application

Palomar Community College District

1140 W. Mission Road, San Marcos, CA 92069 - (760) 744-1150, Ext. 2838
fitnesscenter@palomar.edu / 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)