

## DOANE FITNESS FACILITIES DEPENDENT APPLICATION

### EMPLOYEE (SPONSOR) INFORMATION

Name:

Department:

Position:

Phone:

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 Facility Usage:

Use of the Haddix Center, Haddix Center Tennis Complex, Fuhrer Fieldhouse, and Lauritsen Track are available to employees and their dependents.

Dependent facility 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 employee or a child of the employee living in the employee's home. Employees and their dependents must present their valid Doane I.D.

Employees must complete the Waiver of Liability Form available in the Human Resources or Business Office.

Dependents must obtain a Doane I.D. and carry the I.D. to access facilities. The University will charge a fee of \$5 to cover the cost of issuing the I.D.

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 not only result in the loss of my dependent privilege but also my own personal access to fitness facilities at Doane University. I will update this information immediately if a dependent is no longer living with me.

Signature of applicant:

Date:

**Business Office Use Only:**

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

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

Date Fee Paid: \_\_\_\_\_ Amount paid: \_\_\_\_\_

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