

**EAST GEORGIA STATE COLLEGE  
FITNESS CENTER ELIGIBILITY VERIFICATION**

Approved by President's Cabinet 4/26/16; Revision Adopted by President's Cabinet 5/5/2020

(Please take this completed form to the Business Office located in the Student Center)

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**Fitness Center Patrons**

Name: \_\_\_\_\_

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

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_\_

Monthly Charge: \$35.00 Fitness Center Special: \_\_\_\_\_

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**EMPLOYEES** Name: \_\_\_\_\_ Department: \_\_\_\_\_ SSN: \_\_\_\_\_  
EMP ID: 9300 \_\_\_\_\_ Status: Full time \_\_\_ Part Time \_\_\_ If PT Faculty for Semester \_\_\_\_\_

I attest that the information listed above is correct. I understand that membership eligibility is based upon my active employment status as noted above with East Georgia State College and is non-transferable. Each person must present a valid EGSC ID to be admitted to the Fitness Facilities located in the Physical Education Building.

Complete below for **FULL TIME** employees only

<b>Spouse</b>		
<b>Dependents:</b> (Must be 16 years of age and over residing in the household)	<b>1.</b>	<b>DOB SSN</b>
	<b>2.</b>	<b>DOB SSN</b>
	<b>3.</b>	<b>DOB SSN</b>
	<b>4.</b>	<b>DOB SSN</b>
	<b>5.</b>	<b>DOB SSN</b>

I attest that the information listed above is correct and all persons listed are 16 years of age or older. I understand that membership eligibility is based upon my active employment status as noted above with East Georgia State College and is non-transferable. Each person must present a valid EGSC ID to be admitted to the fitness center.

\_\_\_\_\_  
Employee's Signature                                  Date                                  Human Resources                                  Date  
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**RETIREES:** Name \_\_\_\_\_ SSN: \_\_\_\_\_  
Spouse Name \_\_\_\_\_ SSN: \_\_\_\_\_

I understand that membership eligibility is based upon my retiree status with East Georgia State College and is non-transferable.

\_\_\_\_\_  
Retiree's Signature                                  Date                                  Human Resources                                  Date  
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**FOUNDATION DONORS:** Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Name of Business: \_\_\_\_\_ Date of Donation: \_\_\_\_\_ Expires: \_\_\_\_\_

I understand that membership eligibility is based on status as a donor and is non-transferable.

\_\_\_\_\_  
Donor's Signature                                  Date                                  Institutional Advancement                                  Date  
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**ALUMNI:** Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_ Membership Expires: \_\_\_\_\_

I understand that my membership eligibility is for one year after the date of my graduation and is non-transferrable.

Alumnus Signature	Date	Institutional Advancement/Alumni Affairs	Date
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**PATRONS:** Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Amount Paid: \_\_\_\_\_ for period \_\_\_\_\_ to \_\_\_\_\_ Visitor Parking Pass Issued: \_\_\_\_\_

I understand that membership is non-transferable and the eligibility period expires upon the last day of the month of payment.

I have read and understand *Usage of Fitness Facilities in Physical Education Building* and the *Rules for Fitness Facilities* including the provisions concerning consent to search of my bags, backpack, book bags and other personal belongings when using the EGSC Fitness Facilities. I agree to adhere to these policies and procedures. \_\_\_\_\_ (Initial)

Patron's Signature	Date	Business Affairs	Date
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***USAGE OF FITNESS FACILITIES IN THE PHYSICAL EDUCATION BUILDING POLICY IS ATTACHED. PLEASE READ AND UNDERSTAND THE POLICY PRIOR TO SIGNING YOUR NAME. QUESTIONS SHOULD BE DIRECTED TO THE DIRECTOR OF THE PHYSICAL EDUCATION COMPLEX.***

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