

PERSONAL INFORMATION

Name (please print clearly):		Last	First	Mr / Mrs / Ms
Address:				
City:		Province:		Postal Code:
Telephone Number: ()			Office Telephone Number: ()	
Email Address (Required):			Hospital Department / Unit:	
Employment Status				Work Personal ID #:
☐ Permanent FT / PT	☐ Casual	☐ Physician	☐ WRHA / Corp	
☐ Cancer Care	☐ Term	☐ Student	☐ Membership Type	
☐ SBH Foundation	☐ Volunteer	☐ Retired Employees	☐ New	
			☐ Renewal	
			Last 5 Digits of the Access Card	

STEP 1 Select a Package

1 All-Inclusive Fitness Facility ☐ Includes all classes, use of aerobics room, cardio / weight room and shower facility \$13.00 per pay period or pre pay \$26.00 + GST per month	2 Fitness Classes ☐ Includes all classes, use of aerobics room and shower facility \$11.00 per pay period or pre pay \$22.00 + GST per month	3 Cardio / Weight Room ☐ Includes use of cardio /weight room and shower facility \$11.00 per pay period or pre pay \$22.00 + GST per month
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STEP 2 Select a Payment Method

☐ Cheque, Interact or Credit Please make payment in person at the Cashier's Office (A1108) between 0800-1600 (M-F). Indicate number of months to cashier upon payment. Once payment has been made, return original registration form to TG002A, Human Resources. <i>Incomplete forms will not be processed and will be returned</i>
☐ Payroll (for staff on St. Boniface Hospital payroll only, casuals not eligible) You must complete and return the original registration form to TG002A, Human Resources. <i>Incomplete forms will not be processed and will be returned</i> ☐ Full Time ☐ Part Time ☐ \$13.00 bi weekly (All-Inclusive Fitness Facility) ☐ \$11.00 bi weekly (Fitness Classes) ☐ \$11.00 bi weekly (Cardio / Weight Room) I hereby authorize the Payroll Department of St. Boniface Hospital to deduct the selected amount through payroll deduction for Staff 'n Motion Fitness Facility Membership. I may cancel my membership by written request. Name (please print) _____ Signature _____ Date (day/month/year) _____

For Cashier Use Only <table border="1"> <tr> <td>Package Number:</td> <td>Amount Paid:</td> </tr> <tr> <td colspan="2">Date of Registration (day/month/year)</td> </tr> <tr> <td>☐ Cheque</td> <td>☐ Visa</td> </tr> <tr> <td>☐ Mastercard</td> <td>☐ Debit</td> </tr> <tr> <td>Receipt Number:</td> <td>Cashier (initials):</td> </tr> </table>		Package Number:	Amount Paid:	Date of Registration (day/month/year)		☐ Cheque	☐ Visa	☐ Mastercard	☐ Debit	Receipt Number:	Cashier (initials):	ADMINISTRATION ONLY ☐ Employment Status Confirmed ☐ Security Access Requested ☐ Added to HR Master Registration List Type (Perm / Term) _____ ☐ Welcome e-mail Start Date: _____ End Date: _____ ☐ Payroll Pay Period: _____ ☐ Security Card Activated Number _____ First Deduction: _____
Package Number:	Amount Paid:											
Date of Registration (day/month/year)												
☐ Cheque	☐ Visa											
☐ Mastercard	☐ Debit											
Receipt Number:	Cashier (initials):											

STEP 3 Terms and Conditions *(please read and sign the release)*

I. MEMBERSHIP

All members are required to sign up for a minimum of one (1) month when they register for Staff 'n Motion Fitness Centre, after which time the member may cancel their membership by written request (see IV. Cancellation, Terms and Conditions). If no request for cancellation is received, your membership will remain active until a request for cancellation is made.

Membership is restricted to physicians, staff, volunteers and students 18 years of age and over who have a valid and paid membership.

Abuse of membership will result in full loss of membership with no refund. The matter will be brought forward to Human Resources / Employee Relations and will result in disciplinary action. Membership is non refundable and cannot be shared with others.

II. ACCESS CARDS

All members must swipe their gym access card when entering the fitness rooms. All members must ensure their hospital photo id and gym access card are with them at all times while using the facility. Abuse of access card use will result in full loss of membership with no refund and member will be banned from the facility for a period of one year. Lost or stolen cards must be reported to Human Resources. Members will receive a replacement card for a fee of \$10.00.

III. GYM ATTIRE AND ETIQUETTE

All members must wear appropriate gym attire and footwear while using the fitness rooms. NO hospital attire (ie. OR scrubs or uniforms) and NO hiking boots or open toed sandals. Non compliance to policy will result in being asked to leave the facility.

IV. CANCELLATION

Cancellation of membership will only be granted under the following conditions:

1. Completion of minimum of one month membership term
2. Termination of employment from St. Boniface Hospital

Cancellation requests must be received by email to: Tanya Gadd (tgadd@sbgh.mb.ca).

V. MEMBER RULES ON USE OF FACILITY

All members must adhere to the rules / gym etiquette posters noted in YG008, NG014, AG009 and AG011 while using the facility.

VI. PERSONAL BELONGINGS

Staff 'n Motion Fitness Centre will not be responsible for lost or stolen personal belongings of members while using the facility.

VII. FACILITY MAINTENANCE

Staff 'n Motion Fitness Centre shall at times will make alterations, carry out repairs or maintenance without prior notice and will ensure every consideration will be made to minimize any inconvenience to members.

RELEASE

Although your participation is voluntary, you must sign your name in the space noted below, which will indicate that you agree to be bound by the following release:

I hereby release and discharge St. Boniface Hospital, the instructors or the Program (Staff 'n Motion Fitness Centre), from and for all actions, claims and demands by me and my Heirs, Executors, or Assigns, for upon, or by reason of any damage, loss or of my participation in the Program or through the negligence or act of St. Boniface Hospital in this program.

I am aware that participation in activities while in the Program could, in some circumstances, result in physical or medical injury or aggravation of any existing physical or medical condition that I may have. I have consulted my physician prior to joining the program.

I acknowledge that my attendance at and use of the Program and all equipment and facilities associated therewith is entirely at my own risk, that I voluntarily assume the risk of attendance and use, and that no liability whatsoever shall attach to St. Boniface Hospital and the Program, in respect of or arising of my attendance or the use of the Program, equipment, group fitness classes and facilities.

I acknowledge that I have read this document and fully understand the nature and consequence of signing it and I have executed the document freely without any influence or duress by St. Boniface Hospital and the Program. I also have read and agreed to all of the membership terms and conditions for this Program as indicated above.

Signature _____

Date _____