

**THE FITNESS TERMINAL MEMBERSHIP AGREEMENT
CONTRACT FAMILY**

Applicant (Family Member) Name: _____ Male: _____ Female: _____
Employee (Honeywell/Celestica) Name: _____ EID #: _____
Home Phone: (____) _____
Emergency Contact Name: _____ Emergency Contact Phone: (____) _____

Membership rate is \$10/month

A fee of \$120.00 will be deducted/paid by cheque* annually during the month of your start date. Memberships can be cancelled at any time; remaining balances will be refunded.

Please note that Honeywell memberships paid by deduction **DO NOT EXPIRE!** All memberships will remain active until cancelled by the member. An automatic payroll deduction will occur one year from registration. You will be contacted 30 days prior to the automatic renewal. **Honeywell Family membership fees must be paid by payroll deduction only!**

Employee Signature authorizing payroll deduction: _____

Date: _____

*Celestica and contractors are to pay via cheque in two installments of \$60.

In an effort to provide better service we will be emailing our members the fitness class schedules, new or upcoming programs/events, as well payment reminders. Emails will be sent out once a month ONLY!

Email address. _____

Membership Eligibility

To be eligible for membership, the applicant must be a Honeywell/Celestica Employees' Family as defined below. In the event the Employee ceases to be employed by Honeywell/Celestica, the family membership will be ended and membership fees for the remainder of the year will be refunded.

Definition of Eligible Family Member

Your spouse is a person to whom you are legally married, or a common-law partner with whom you have been cohabiting for a period of at least 12 months and who you publicly represent as your spouse.
Your family is a person whom is considered a young adult, who resides at the employees' residence and is 18 years of age or older, and who you publicly represent as their legal guardian.

Policies/Rules and Regulations

The member agrees to abide by the policies/rules and regulations outlined in the orientation package, including any amendments that may be enacted. Any breach of these policies may constitute reasons for termination of membership.
The Family member must sign in with security or reception before entering the facility.
Employees must meet their family at the security entrance or main reception to accompany them into the Fitness Terminal.
Employee must be present at all times with the family member; failure to do so will result in an immediate termination of membership as it is a concentration of site safety and Controlled Good Program security requirements.

Change of Status

The member is required to provide updated information regarding location, phone numbers and status as they occur. As well, inform a Fitness Terminal staff member if your health status changes at any point.

I have read, understood and agreed to the above:

Signature of applicant

Date

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The following forms are standard membership forms that are used at various facilities throughout Ontario. The Physical Activity Readiness Questionnaire, labelled the PAR-Q Plus was created by the Canadian Society for Exercise Physiology. The back of this form confirms your knowledge of the guidelines of usability regarding the facility. Please complete all three forms as prior to using the Facility.

Membership Payment

Membership Start Date: _____

Family Member Validated:

Yes