



HEALTH AND REC CENTER

THE SOUTHERN BAPTIST THEOLOGICAL SEMINARY



Community Membership Application

This is an application for, and not a guarantee of, membership to the SBTS Health and Recreation Center.

Individual Memberships Options:

___ \$60 per month | For monthly payments please provide your social security number: _____
___ \$660 for one year membership. The entire fee must be paid upon contract start date (which is a savings of \$60).

Family Membership Options:

___ \$90 per month | For monthly payments please provide your social security number: _____
___ \$990 for one year membership. The entire fee must be paid upon contract start date (which is a savings of \$90).

Additional Information

- Background checks (page 5) are required for individuals (18+ years older) applying for membership. A \$40 processing fee (for each individual) will be invoiced. Background checks usually take 5-7 business days to process. When the background checks are complete you will be contacted by the Director about your application status.
- All members are required to have an orientation before gaining access to the facility.
- Family memberships include spouse and legal dependents (17 years old and younger). Spouses must sign a liability waiver (page 3) *before* submitting the application.
- Members may bring one guest on a one-time basis for a fee of \$5. If your guest wants to return, they must apply for a membership.
- Legal dependents 18 + years old must apply for an individual community membership.
- For community members that have a monthly membership, your first month's payment will be due at the HRC front desk. All payments after the first month will be auto billed each month and must be paid at the cashier's window, located on the second floor, above the HRC.
- Auto billing will renew every month until a written cancellation request is submitted to the HRC administrative assistant.
- Two consecutive missed payments will result in a termination of membership. Payments are due on the 15th of each month.
- All memberships are subject to termination by the HRC director. Membership fees will be prorated and refunded within 90 days of termination date.
- All community members must check in at the HRC front desk with their name and photo ID for every visit.

Internal Use Only

Application Approved ___ Yes ___ No | CDR Fee Paid ___ Yes ___ No | CDR Pass ___ Yes ___ No | E-mailed ___

Google Drive ___ | Name of Applicant(s) _____ | Sent to Acct. ___

Notes:



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Health & Recreation Center Policies

Admission

An HRC card is required for entry. ID cards are obtained from the administrative assistant. All community members must check in at the HRC front desk with their name and photo ID for every visit.

Children & Supervision

Children under age five may be taken into the opposite gender locker room, yet must always remain within arm's length of the supervising adult; stalls afford convenience and privacy. Children 11 and under must be supervised by an adult (18 years +) member in every area of the HRC, including the pool, and are prohibited from entering the whirlpool, sauna, steam room and fitness room. Dependents age 12 and over are welcome to use the first floor of the HRC without adult supervision. Children 16 and over may use the weight room unsupervised. Dependents age 16-17 have unrestricted use of the HRC, though not considered supervising adults.

Dress Code

Why? Purpose Statement: The purpose of the HRC Dress Code is to promote Christian virtue, gospel living, and love for one another in the way that we dress.

How?

- Modesty: Modesty is a virtue that shows love to others and brings glory to God through appropriate dress.
- Discernment: Discernment is the process of making careful decisions in our thinking about truth.
- Our goal is to provide a structure that will support the principles of Christian modesty and godly discernment for the purpose of loving one another.

All

- Modest apparel is expected.
- Apparel with inappropriate language or pictures are not permitted.

Women

- Shirts must be worn at all times.
- No form-fitting or excessively loose tank-tops.
- Shorts should be at a length and fit that is body-shape appropriate.
- Yoga pants are permitted.

Men

- Shirts must be worn in all areas except the pool or locker room.
- Tank tops are permitted.

Equipment

Some equipment may be checked out while in the facility or the Seminary lawn. Games or camping equipment may be rented for a low fee. A charge is assessed if lost, damaged or delayed in return.

Misc.

Found items are kept in our lost & found are for a limited time of one month.

Scoters, skateboards, pogo sticks, roller blades and mechanized toys are not allowed in the facility.

Pool A lifeguard is always on duty. Swimming attire for the natatorium presumes one-piece suits, and prohibits thongs, "Speedos" (briefs), or bikinis. Shoes are not allowed on the swimming deck. A shower is required before entering the pool, fountain pool, hot tub or kid's pool.



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Name (Please print full legal name)

Gender

Date of Birth

Address

Phone

E-Mail

Emergency Contact: _____

Phone Number: _____

Legal Dependent Information (for couple and family memberships)

Spouse

Date of Birth

Dependent's Name

Date of Birth

Dependent's Name

Date of Birth

Dependent's Name

Date of Birth

1. Where is your current church membership? _____

a. Name of Church: _____

b. Pastor: _____

c. Church Phone Number: _____

d. Date of membership: _____

2. Is the church that holds your membership affiliated with the Southern Baptist Convention? Circle Yes or No

3. How did you find out about the Health & Rec Center Community Membership? Do you have a friend who attends Southern Seminary?

4. How could the Rec Center serve you? What are your particular interests? (Pool, CrossFit, Weight Room, Indoor Track, Fitness Classes, etc.)



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Liability Release for Community Membership

The Southern Baptist Theological Seminary (“the Seminary”) makes its gymnasium and recreational facilities available for use by students, faculty and their families, as well as, guests of the seminary and the seminary community, for a variety of purposes, including activities that are not closely supervised or organized, in order that the users can make use of the facilities in accordance with their own schedules and their individual exercise and recreational needs. Close supervision of some activities is not always necessary, considering the users and the types of activities involved. However, this lack of close supervision places the responsibility for the safety directly upon the users, who must determine whether any activity is appropriate considering the degree of skills required and the physical ability of the user to perform. In consideration for the use of these facilities, the undersigned agrees to release the Seminary and hold it harmless from any claim for damages under the terms and conditions set forth herein.

I affirm that I am in good mental and physical condition for the activities in which I will engage, but I understand that they involve physically strenuous activity and that I will be exerting myself during these activities. I expressly assume the risk of such activities, release and hold the seminary and any of the staff harmless from any injuries which result from such activities.

I will not engage in any such activities under the influence of alcohol or drugs; any medications I am taking is solely my responsibility based upon consultation with a physician who have approved its use while engaging in such activities.

I understand that even if I am in good physical condition there is still some risk of injury or illness involved with any strenuous physical activities, and I expressly assume the risk of such injuries or illnesses.

I understand that accidents and injuries, including cardiovascular stress and violent physical contact, may occur in sports and fitness activities through no fault or negligence of any of the parties involved. Participation can result in serious, severe injury and even death. My participation in such activities is with full knowledge of the risks involved. I expressly assume the risks of such activities, release and hold the seminary and the staff harmless from any injuries which result from such activities.

I understand that the use of equipment provided may involve risk or injury, especially if the equipment is not properly used. I agree that it is my responsibility to learn the proper use of the equipment and I expressly assume the risks involved in the use of any equipment.

I understand that others may be using the facilities at the same time I do and that the Seminary will not be supervising them. I expressly waive any claim I may have against the Seminary and the staff for injuries as the result of the activities of others, including their acts of negligence or recklessness.

I acknowledge that I alone am responsible for my own activities while using the gym and recreational facilities and I cannot rely upon anyone else to advise me of my own improper or unsafe procedures and practices. The Seminary and the staff have no duty or obligation to supervise my activities in any way. I will exercise care in my own activities while engaging in these activities and I assume full responsibility and liability for injury or harm which occurs as the result of any lack of care, expertise or experience on my part.

I agree to abide the policies, dress code and code of conduct as described in the SBTS Student Handbook.

Date: _____

I certify, acknowledge and agree to the foregoing paragraphs of which I have read.

Participant’s Signature

Participant’s Printed Name

Spouse’s Signature

Spouse’s Printed Name



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CONSUMER REPORT DISCLOSURE – WAIVER AND RELEASE

In connection with your employment or application for employment (including contract for services), consumer reports may be requested from US Investigations Services, LLC. (“USIS”). These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, academic history, professional credentials, conversations with personal and/or business references, and drugs/alcohol use. Such reports may also contain public record information concerning your driving record, workers compensation claims, credit, bankruptcy proceedings, criminal reports, etc., from federal, state and other agencies which maintain such records, as well as information from USIS concerning previous requests made by others from such state agencies and state provided driving records.

You have the right to make a request to USIS, upon proper identification to release, the nature and substance of all information in its files on you at the time of your request, including the sources of information and the recipients of any reports on you that USIS has previously furnished within the two-year period preceding your request. USIS may be contacted by mail at P.O. Box 33181, Tulsa, Oklahoma, 74153, or by phone at (800) 381-0645.

I AUTHORIZE, WITHOUT RESERVATION, USIS, AND ANY PARTY OR AGENCY CONTACTED BY USIS, TO FURNISH THE ABOVE-MENTIONED INFORMATION.

USIS is authorized to disclose all information obtained to the requesting entity for the purpose of making a determination as to my eligibility for employment, promotion or any other lawful purpose. I agree that such information which USIS has or obtains, and my employment history if I am hired, may be supplied by USIS. If hired or contracted, this authorization shall remain on file and shall serve as ongoing authorization for the procurement of future consumer reports, at any time, during my employment or contract period.

By signing below, I certify that I have read and fully understand this release, that prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this release voluntarily and with the knowledge that the information being release could affect my being hired, my employment, or my eligibility for promotion or transfer.

PRINT NAME: (Last, First, Middle) _____

SIGNATURE: _____ DATE: ____/____/____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: ____/____/____

Note: Date of Birth information is only for use by US Investigation Services, LLC

DRIVER LIC. NO. _____ STATE ISSUED: _____ EXPIRATION DATE _____

Current Local Address: (cannot be a P.O. Box)

Address: _____ CITY: _____ ST: _____

HOME PHONE :(_____) _____ COUNTY: _____ ZIP CODE: _____

LIST PREVIOUS ADDRESSES [for at least last seven [7] years]

Address: _____ City _____ State ____ Zip Code _____

Address: _____ City _____ State ____ Zip Code _____

Address: _____ City _____ State ____ Zip Code _____