



Mabank ISD
Employee Wellness Center
 Membership Form



Employee Contact (person responsible for the account)

First Name: _____ Last Name: _____

Campus: _____ DOB: _____

School E-mail: _____

Additional Family Members (high school and above)*

First Name	Last Name	M/F	Age	Date of Birth	Relationship to Employee
				/ /	
				/ /	
				/ /	
				/ /	
				/ /	

*I acknowledge that the individuals listed here are permanent residents of my household. _____

Membership Type

Employee \$20/mo Employee + 1 \$30/mo Family \$40/mo

Months of Deduction thru July x _____

Activation Fee (if new member) + \$20 _____

Total Deduction current month thru July = \$ _____

I have reviewed the above information, represent it to be accurate, and authorize Mabank ISD to deduct _____ from my monthly paycheck thru July.

Rates are subject to change on August 1 of each year. Notification of the rate charges will be made to employees prior to the end of the current school year

Employee Signature

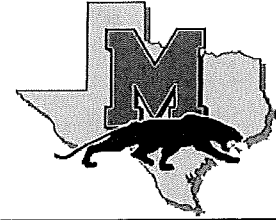
Date

Approved by MISD Business Office

Date



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Terms & Conditions

Annual membership in the MISD Wellness Center is offered to all employees and their families (spouses and or children in High School or older & a dependent of the employee). Employees may enroll at any time, and memberships convert to an annual membership on the next September 1st. This agreement will renew automatically, without notice, annually on September 1st, unless a written cancellation notice is received by MISD prior to August 1st each year.

A \$20 activation fee is required to join the Mabank ISD Wellness Center. Membership dues are paid either monthly in advance by payroll deduction, or annually in advance by cash or check.

Access cards will not be issued to high school students. They will need to be accompanied by their parents or use their card. Notification must be given to MISD concerning all lost cards. A replacement fee of \$5.00 will be charged for any lost card.

This membership may not be given, sold, assigned, shared, or otherwise transferred to any other person. It is for your family ONLY!

While on or about the premises, members promise to abide by all terms, conditions and policies of MISD and to conduct himself/herself in a peaceful manner at all times. Members understand that failure to act in accordance with these conditions could result in being expelled from the premises and at the same time cause forfeiture of any membership fees paid or contractually obligated. Members hereby release and hold harmless MISD, its agents, owners, and employees from all claims, demands, injuries, damages, actions, or causes of action within.

Employee acknowledges that injuries are not covered by worker's compensation coverage, and that participation in the MISD Wellness Center is not required as a condition of employment and is beyond the normal course or expectations of their job.

Please have each member listed on the opposite side initial and sign below indicating they have read and agree to the policies stated above.

_____	_____
_____	_____
_____	_____
_____	_____