

Welborn Foundation Wellness & Fitness Center Course Reservation Form

The following information is to be verified by the student.

COLLEGE REFUND POLICY – NON-CREDIT

Refunds are calculated by scheduled class dates. These are student-initiated refunds that may be received as follows:

Notice of forty-eight (48) hours or more before class starts:	100% Refund
Notice of less than forty-eight (48) hours before class starts:	0% Refund
Fitness Center Only Option	0% Refund/Nontransferable

Please print legibly in blue or black ink.

Student/Employee ID Number (C Number) _____ Term **Fall** Spring Summer 2021 (Year)

Date of Birth _____	Please circle one	Male / Female
Legal Last Name _____	Legal First Name & M.I.	_____
Home Phone _____	Cell Phone	_____
Mailing Address _____		
City, State, & Zip _____		
Personal E-mail Address _____		
How did you hear about this class? _____		

Select Class	Course Title	CRN	Date(s)	Day(s)	Times	Fee(s)

<input type="checkbox"/>	Fitness Center Only**	20103	8/16/21 – 12/31/21	Monday - Saturday	Open Hours	\$49 p/p
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****Nonrefundable/Nontransferable**

Everyone must complete a Waiver & Release of Liability before utilizing the Ivy Tech Fitness Center.

Members utilizing the Ivy Tech Evansville Wellness & Fitness Center must complete the necessary paperwork, read the fitness center policies, provide a physician clearance form, if required, and complete a brief orientation.

It is mandatory to purchase a key fob for \$5 as this is required to scan into the Fitness Center on each visit. It will also allow you access during building hours. Please pick up a Fitness Center Key Fob form at the Fitness Center and obtain a stamp on this form, then take it to the Business Office where you will receive the key fob. You must have the key fob updated each semester.

Total Due: _____

To the best of my knowledge, the above information is complete and accurate. In case I am injured, I authorize the officials of the College to take the necessary actions to save my life. Additionally, I agree to comply with the practices of Ivy Tech. I understand that if I knowingly provide false information, my enrollment may be revoked. It is understood that costs incurred in the collections of a delinquent account, including collection and attorney fees, shall be added to the balance of the delinquent account. It is also understood that lack of payment may result in being withdrawn and/or prohibited from registering for future terms.

Signature: _____ Date: _____