Faculty, Staff and Family Access Card

**Purpose:** To provide Savannah State University faculty, staff and family members with access to Savannah State University’s Recreation Facilities.

**Demonstrated Need:** Implementation of the Family Access Card will be in response to concerns about facility access to non-student persons in the various Recreation Facilities (i.e. Wilcox-Wiley Weight Room and Gym, and University Swimming Pool). This card system will assist the University in tightening its security to make sure only people who have made the commitment to use the facilities, are allowed to do so.

**Recommendation:** Implement an identification card access system for family members of University faculty, staff and family members on a user fee basis.

Access Cards are good for 12 months from the date of purchase.

**Eligibility:** Must be employed by the University (fulltime or part-time) and/or family participants MUST be sponsored by a full-time or part-time faculty or staff member.

**Card Access Points:** By purchasing a Faculty, Staff and Family Access Card, the SSU faculty or staff family member can gain access to the Wilcox-Wiley Weight Room and Gym, University swimming pool and University Center Game Room.
Access Card Fees:  URW will provide cards for Access **(ALL FEES ARE NON-REFUNDABLE)**

- Faculty/staff: $40/year
- Part-time faculty/staff: $30/year

Family Access Card in addition to spouse's card:

- Spouse: $25/year
- Child: $15/child/year

(Note: there will be an additional $10 charge for each ID card made for each family member)

Application Form:  Application form can be found on our website.

The Access Cards must be presented to gain access to the indicated facilities.

- Sharing of the card is strictly prohibited.
- Family members are not allowed to have guests.
- Children of faculty or staff members must be under direct parental/guardian supervision.
- All family member cards purchased after the initial enrollment date will expire on the same date as the faculty/staff card.
- Lost or stolen cards can be replaced for $35.00.
- Access Card holders MUST renew the card annually.
- Access Card holders are required to dress appropriately at all times.
- Access Card holders are required to abide by University Policy & Procedures.
- The Access Card MUST be surrendered to the URW Office or Campus Security if the sponsor of the card resigns or is terminated by the University
- The University reserves the right to terminate the card at any time.
- Must provide proof of employment from Human Resources prior to purchase of Access card

SPECIAL NOTE:  User Agreements initiated during any point of a semester will be obligated to pay the entire amount of the Family Access Card fee (NO PRORATES).  NO REFUNDS!
Student Services

To Be Completed By the Cashiers Office

Date: _______________ Receipt # __________
Card # ________________
Processed By: ________________
Detail Code: M904

Faculty or Staff Member: Name: Name: ____________________________
Last                                          First

Employee #: __________________

SSU email address ____________________________

Campus Address: ____________________________ Office Facility ______ Room # ______ Tel. # __________
            Box

Off Campus Address: ____________________________
                      Street or Box

City State Zip

Home Phone ( ) __________
Complete All That Applies:

Spouse: Name: ____________________________________________________________________________

Last                                       First                                                   Middle

Child # 1: Name: ____________________________________________________________________________Age: __________

Last                                       First                                                   Middle

Child # 2: Name: ____________________________________________________________________________Age: __________

Last                                       First                                                   Middle

Child # 3: Name: ____________________________________________________________________________Age: __________

Last                                       First                                                   Middle

Fee: Faculty/staff: $40/year __________

Part-time faculty/staff: $30/year __________

Spouse: $25/year __________

Child: $15/child/year __________

Total: __________

Faculty or Staff Member's SIGNATURE_________________________________________DATE__________________

White - Office of Auxiliary Services   Yellow - Faculty or Staff Member

4/10

_______________________________________ has been approved to purchase a Family Access Program Card.

(Name – Please print)

________________________ Signature

(Director of University Recreation and Wellness)

Joshua Obiajunwa
### FAMILY ACCESS CARD DISTRIBUTION

1. Contracting and distribution of the Family Access Cards will be handled only by the Office of University Recreation and Wellness (referred to as office staff).
2. Only faculty and staff members who can be verified via Human Resources and/or Data Card System will be allowed to purchase the cards for their respective family member(s).
3. The faculty or staff member MUST be present with their respective family member at the time of purchase.
4. The Cashiers Office will collect and receipt the appropriate fees and submit the funds via the University Fund Transmittal Process.
5. Office Staff will not make an ID card until after the Registration Form and Liability Statement are both signed. The Faculty, Staff and Family Member Access Identification Card will be made at that point.
6. The faculty or staff sponsor will receive a copy of the Registration Form and Liability Statement.
7. Office Staff will create file and store in an active file.
8. At the end of the contract period, the Family Access Cards MUST be returned to the Office of URW or the faculty or staff sponsor MUST register and pay the applicable fees for the coming year.
LIABILITY STATEMENT

Risk of Injury to Participants: I understand that participation in any physical activity involves inherent risk and that even when safety precautions are utilized, injuries can occur. I also understand that if I experience pain or physical discomfort during utilization of any of the recreational facilities, I will decrease or stop exercising. I am aware that personal health/accident insurance is my responsibility. I claim that to the best of my knowledge, I do not have any medical/physical disability that will preclude my safe participation.

Furthermore, I understand that during times specified as dedicated periods for usage by students or special functions, I may be required to alter my time of usage.

Signature ____________________________________     Date ___________________
(Signature required to validate registration)

The Body Shop
Located in Wilcox-Wiley Complex features cardiovascular machines and a free weight area.

Swimming Pool
The swimming pool is located in Wilcox-Wiley Complex. The pool is utilized for lap swimming, recreational swims and water jogging/walking during recreational hours.

Gymnasium
The gym is located in Wilcox-Wiley Complex Wiley. Recreational activities include basketball and volleyball. All who play on the gym floor must wear sneakers.