

## **Saskatoon Fitness Centre Application Form**

**First Name:**

**Last Name:**

**Employee Number:**

**Date:**

**Email:**

**I am (check one):**

A new member

Renewing my membership

**Facility you will most often use:**

St. Paul's Hospital

Saskatoon City Hospital

Royal University Hospital

**Do you currently have a proximity card?**

Yes

No

## Saskatoon Employee Fitness Center Membership Price for 2024/2025

To indicate membership cost, please choose the month you are applying for

Membership Period	Membership Fee	Expected Payment Deduction Month
April 1, 2024 – March 31, 2025	\$110	May
May 1, 2024 – March 31, 2025	\$100	June
June 1, 2024 – March 31, 2025	\$90	July
July 1, 2024 – March 31, 2025	\$80	August
August 1, 2024 – March 31, 2025	\$70	September
September 1, 2024 – March 31, 2025	\$60	October
October 1, 2024 – March 31, 2025	\$50	November
November 1, 2024 – March 31, 2025	\$40	December
December 1, 2024 – March 31, 2025	\$30	January
January 1, 2025 – March 31, 2025	\$20	February
February 1, 2025 – March 31, 2025	\$10	March

### Payment Category Agreement (check one that applies)

I am an **SHA employee** and am agreeable to a **one-time** annual membership fee of \_\_\_\_.

The membership fee will be deducted by payroll and can be seen in the payroll statement for the corresponding week.

I am a **Physician, Resident OR a member from an affiliate organization** (i.e. SCA) and agree to pay a **one-time** annual membership fee of \_\_\_\_ at the cashiers' office and submit receipt to: [SHAwellbeingandresilience@saskhealthauthority.ca](mailto:SHAwellbeingandresilience@saskhealthauthority.ca)

## Terms & Conditions

- Please send all fillable PDF applications electronically to:  
[SHAwellbeingandresilience@saskhealthauthority.ca](mailto:SHAwellbeingandresilience@saskhealthauthority.ca)
- Proximity cards will be activated by facility management services once your application has been processed
- Proximity cards and memberships are **non-transferable**.
- Fraudulent use of this membership or proximity cards will result in revoked privileges.

## Saskatoon Fitness Centre User Waiver Agreement

I agree that the Saskatoon Fitness Centre hereafter called the owner, shall not be liable for, or in any way be responsible for any death, injury, loss, or damage whatsoever that may occur in, on, or about the fitness centre premises whether to the applicant/user, its servants, agents, employees, members, guests, patrons, participants, and persons admitted by the applicant, or any other person whatsoever or to the property of employees, or anyone for whom it may be responsible, or from any other cause whatsoever and whether such occurs prior to, during or after any usage or event.

I have read the terms & conditions; user waiver agreement and acknowledge that I have medical clearance to safely participate in physical activity.

Please Sign: