

Saskatoon Fitness Centre Application Form

First Name:

Last Name:

Personal I.D:

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 2025/2026

Payment Category Agreement (check one that applies)

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

Membership Period	Membership Fee	Expected Payment Deduction Month
April 1, 2025 – March 31, 2026	\$110	May
May 1, 2025 – March 31, 2026	\$100	June
June 1, 2025 – March 31, 2026	\$90	July
July 1, 2025 – March 31, 2026	\$80	August
August 1 2025 – March 31, 2026	\$70	September
September 1, 2025 – March 31, 2026	\$60	October
October 1, 2025 – March 31, 2026	\$50	November
November 1, 2025 – March 31, 2026	\$40	December
December 1, 2025 – March 31, 2026	\$30	January
January 1, 2026 – March 31, 2026	\$20	February
February 1, 2026 – March 31, 2026	\$10	March

I am an **SHA employee** and am agreeable to a **\$10 per month** membership fee.
The membership fee will be a monthly deduction from my account by payroll.

All SHA Employees, please fill out the PAD (Preauthorize Debit) form below and email it back to SHAwellbeingandresilience@saskhealthauthority.ca



PRE-AUTHORIZED DEBIT (PAD) AGREEMENT FITNESS FEES

Please complete the Pre-Authorized Debit Plan agreement below

I authorize Saskatchewan Health Authority (SHA) and the financial institution designated (or any other financial institution I may authorize at any time) to begin deductions for the full amount of payment due for **Fitness Fees**.

Regular monthly payments will be withdrawn under Sask Health Authority – ORA within the first five (5) business days of the month from the financial institution currently set up on my payroll record. If I want the pre-authorized debit to be withdrawn from a different bank account I understand that I must log in to SHA MyConnection and change the banking information on my payroll record.

By signing this form, I waive my right to receive pre-notification of the amount of the PAD and agreed that I do not require advance notice of the amount of PADs before the debit is processed.

I acknowledge that if funds are not available when payment is to be withdrawn from my account, the SHA will apply a non-sufficient funds (NSF) charge of \$25.00 to my account.

This authorization is to remain in effect until the Saskatchewan Health Authority has received written notification from me of its change or termination. This notification must be received at the address provided below at least ten (10) business days before the next withdrawal is scheduled. I may obtain a sample cancellation form, or more information on my right to cancel a PAD Agreement at my financial institution or by visiting www.payments.ca.

Saskatchewan Health Authority may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least ten (10) days prior written notice to me.

I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.payments.ca.

PLEASE PRINT

Name: _____

Person number : _____ Type of Service: Personal _____ Business _____

The banking information currently set up on your payroll record will be used for the Pre-Authorized Debit. If you want the Pre-Authorized Debit to come out of a different bank account, please log into MyConnection and change the banking for your payroll record.

Authorized Signature: _____ Date: _____

Submit the completed form to your local FitClub/Fitness Centre for enrollment.

Melfort Location

Hailey Perkins

Melfort Therapies

510 Broadway Ave N, Melfort, S0E 1A0

Hailey.Perkins@saskhealthauthority.ca

Phone #306-752-1750

Regina Locations

Shauna Diewold

WRC FRP FitClub

2180 23rd Ave. Regina, S4S 0A5

Shauna.Diewold@saskhealthauthority.ca

Fax #306-766-5265

Saskatoon Locations

Organizational Culture

Nurses Alumni Wing (NAW) Building

715 Queen St, Saskatoon S7K 4X4

SHAWellbeingandResilience@saskhealthauthority.ca

Phone #306-260-3667

FitClub/Fitness Centre confirmation of enrollment _____

PLEASE KEEP A COPY OF THIS AGREEMENT FOR YOUR RECORDS

Terms & Conditions

- Please send all fillable PDF applications electronically to:
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**.
- Members must send in a cancellation PAD form 2 weeks before the next pay period to stop further deductions. Find the cancellation form here <https://tinyurl.com/h2bbt47f>
- 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:

Saskatoon FitClub Rules/Regulations

Please Initial beside each bullet point:

- A valid picture ID tag will allow members to access the gyms. This needs to be obtained through Fit Club. ____
- DO NOT lend your card or open the door/bring anyone into the Fit Club who is not a member (including children/family members/friends etc.). ____
- These facilities are unsupervised. Members agree to use facility at their own risk ____
- Shirts and running shoes must be worn at ALL times. **No Scrubs allowed.** ____
- Showers are available but please bring your own towel. Remember to keep bathrooms and showers tidy. ____
- Lockers are NOT for long-term use. Please remove the contents and lock after each workout or you risk having the lock cut off and contents removed. ____
- Please ensure all equipment gets put away after use. ____
- Please keep all fire exits clear. ____
- **THE SHA IS NOT RESPONSIBLE FOR ANY LOST OR STOLEN ARTICLES.** ____
- Use common sense when exercising (i.e., pacing, appropriate weights and progressions) to avoid injury. ____
- Clean machines/equipment after use as per facility procedure: Accel Wipes. Dispose of wipe after use. ____
- SHA SASKATOON FITCLUBS HOURS OF OPERATION: **24/7 7 days per week unless otherwise stated.** ____
- FAILURE TO COMPLY WITH THESE RULES MAY RESULT IN LOSS OF USE/ACCESS REMOVAL ____

SHA FITCLUB MEMBERSHIP FEES AND CANCELLING PAYMENTS:

- The current fee is \$10.00 per month for all SHA employees. All SHA employees must be set up with pre-authorized debit (PAD). This payment will continue to be deducted until you decide to cancel. A PAD cancellation form must be submitted to the SHA Wellbeing and Resilience email to cancel membership. ____
- Physicians, residents and affiliate members please follow the fee schedule and make payments to the cashier. Membership must be renewed at the end of membership term. ____
- No refunds will be given. Exceptions will be made for any unforeseen circumstances (facility closures, natural disasters etc.). ____
- Non-sufficient Funds a charge of \$25.00 will be added to your account if funds are not available when monthly fees are attempted to be withdrawn. ____

If you experience difficulties with your access card, wish to cancel membership or have general inquiries, please e-mail shawellbeingandresilience@saskhealthauthority.ca. Your inquiry/concern will be responded to as soon as possible.