

**UNC Health Care
EMPLOYEE RECREATION PRIVILEGE CARD**

Do You Need A...

EMPLOYEE RECREATION PRIVILEGE CARD?

1. **WHO:** University employees, Medical School staff and approved Contract employees may participate in Employee Recreation & Wellness at the same rate as UNC Health Care employees and attending physicians once they have purchased an Employee Recreation Privilege Card.
2. **WHERE:** Employee Recreation Privilege cards may be purchased at the Employee Recreation Desk in the Lobby of the Memorial Hospital: Tuesday 9-1pm and Wednesday through Friday 1-4 pm. Applications may also be mailed to Employee Recreation & Wellness, 9th Floor Memorial Hospital.
3. **EXPIRES:** Employee Recreation Privilege Cards are valid for one year from the date of purchase.
4. **WHY:** Privilege cards will be used to determine eligibility for participation in Employee Recreation Activities.
5. **HOW:** To purchase an Employee Recreation Privilege Card complete the application form below. Employee Recreation Privilege Cards may be purchased at the annual rate of \$25.00.

BENEFITS OF THE EMPLOYEE RECREATION PRIVILEGE CARD

- Hospital Rate for Leagues, Tournaments, Classes, and Discount Services
- Monthly Newsletter
- FitLife Incentive Program
- Access to the Weight Rooms and Exercise Classes
- Arts & Crafts Fair
- Photography Contest
- Children's Holiday Party and Santa Claus Calls
- Annual Bud Brexler Memorial Golf Tournament
- Annual Boshamer Family Day
- And much more

To pick up your Privilege Card, stop by the Employee Recreation Desk in the Lobby of the Memorial Hospital.

EMPLOYEE RECREATION PRIVILEGE CARE APPLICATION (please print)

Name: _____ Employee ID / PID #: _____
 Dept. Name: _____ Dept. Location: _____
 Mailing Work Address/CB#: _____ Dept #: _____
 Home Address: _____ City: _____ Zip Code: _____
 Work Phone: _____ Home Phone: _____ Pager #: _____
 E-mail Address: _____

(Circle One) University Employee Student Intern Retiree Registered Volunteer Contract Employee

Do you have any disability which affects your participation? YES NO

Employee Status: Part-time, Permanent Part-time, Temporary Full-time, Permanent Full-time, Temporary

Birth Date: ____/____/____ Employment Date: ____/____/____

I, the undersigned, do hereby agree that UNC Health Care does not require for any reason whatsoever any employee to participate in any of the Employee Recreation Association activities. I further agree and hold UNC Health Care harmless from and against any and all liability for any injury which may be suffered by the aforementioned individual(s) arising out of or in any way connected with his/her participating in this activity. UNC Health Care assumes neither control over nor liability under the North Carolina Workers Compensation Act for injuries which a participant may sustain while engaging in Employee Recreation activities. If the below named individual is my juvenile dependent, I do hereby give my permission for him/her to participate in this activity.

Date: _____ Signature: _____

Office Use Only Date Paid: _____ Receipt #: _____ Expiration Date: _____

Student's Supervisor Signature: _____