



Club Crouse Program
Registration and Waiver Form
Allow 3 business days to process

Return this form to clubcrouse@crouse.org

Participant Name: _____ Crouse ID (if applicable): _____

Address: _____ Date of Birth: _____

Phone: _____ Email: _____

Emergency Contact Name: _____ Phone: _____

Waiver

My signature below relieves Crouse Hospital, Inc and Crouse Hospital employees, including members of the board, of any injury/harm I may sustain during participation in the Club Crouse Program. I understand that participation in an exercise program has inherent risks. I will abide by the safety guidelines identified on the fitness equipment. Based on American College of Sports Medicine Guidelines, I should consult a physician before starting any new exercise/fitness program if I am over forty years old, recently inactive, or generally concerned about my health.

Participant Signature: _____ Date/Time: _____

Club Crouse Rates and Payment Options

Membership Rate: \$15 per month

_____ \$45 Quarterly Payment via check or cash (checks can be made payable to Crouse Hospital)

_____ \$15 Monthly Payroll Deduction (deducted on or around the 1st of the month)
(Crouse and CMP full time and part-time employees only, does not include per diem)

I understand payments made by check/cash must be received by the 1st of the month for the subsequent monthly/quarterly period or my membership will automatically terminate. I understand that patients of CNY Physical Rehab have priority use of Club Crouse equipment and facilities, and the hours of operation are limited to business hours during weekdays (visit www.crouse.org/clubcrouse for details). To voluntarily withdraw from this program, I must provide 15-day written notice to clubcrouse@crouse.org. I will be eligible to access Club Crouse through the end of the period through which I have paid (no refunds will be provided). Any memberships terminated for non-payment or voluntary withdrawal will be offered to individual(s) on the waiting list. _____ (initial)

Crouse Employee Payroll Deduction

I authorize my employer's payroll department to withhold from my paycheck \$15 per month associated with my Club Crouse membership fee. I agree that in the event of separation from employment, I am legally obligated to satisfy the balance immediately through payroll deduction or direct payment to my employer.

Participant Signature: _____ Date/Time: _____