

STANFORD RECREATION FACILITY ACCESS MEMBERSHIP ENROLLMENT FORM (2018)

BENEFIT

Stanford Health Care (SHC) and Lucile Packard Children's Hospital Stanford offer you access to participating recreational facilities operated by Stanford University. To access the facilities, you must purchase an Annual (Jan-Dec) or 6-Month (Jan-Jun or Jul-Dec) Membership from Stanford Health Care Human Resources (HR) Department.

For additional information, visit <https://healthysteps4u.org/additional-benefits/stanford-community-benefits/>.

FACILITIES

- Arrillaga Center for Sports and Recreation (ACSR)
- Arrillaga Racquetball Center
- Avery Recreation Pool (ARP)
- Ford Center and Burnham Pavilion
- Tennis Courts: Taube South and West Campus
- Arrillaga Outdoor Education and Recreation Center (AOERC)
- Avery Aquatic Center (AAC)
- Cobb Track and Angell Field
- Sandhill Sand Volleyball Courts

2018 MEMBERSHIP OPTIONS*

A. **New or Continuing/Renewal:** The Membership is only offered during 2 Enrollment Periods. If you miss an enrollment deadline, you will have to wait for the next Enrollment Period to purchase a Membership.

- Jan 1-Dec 31 / Jan 1-Jun 30 Membership – Form and check payment must be received no later than **December 10**
- Jul 1-Dec 31 Membership – Form and check payment must be received no later than **June 10**

B. **New Hires:** You may enroll during the Enrollment Period you start employment and will be extended a prorated fee.

C. **Daily Passes** are available for purchase from Stanford Recreation: <http://recreation.stanford.edu/membership/community/>.

Check one enrollment option: *The prorated fee is only available to New Hire employees.*

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|--|--|
| <input type="checkbox"/> \$790.09 | Enrollment Period: Jan 1 – Dec 31 (due to SHC HR December 10) |
| <input type="checkbox"/> \$ _____ | = \$65.85 x _____ (New Hires Only: # of Months from start of enrollment through Dec) |
| <input type="checkbox"/> \$395.05 | Enrollment Period: Jan 1 – Jun 30 (due to SHC HR December 10) |
| <input type="checkbox"/> \$ _____ | = \$65.85 x _____ (New Hires Only: # of Months from start of enrollment through Jun) |
| <input type="checkbox"/> \$395.05 | Enrollment Period: Jul 1 – Dec 31 (due to SHC HR June 10) |
| <input type="checkbox"/> \$ _____ | = \$65.85 x _____ (New Hires Only: # of Months from start of enrollment through Dec) |

Note: You must submit a new Enrollment Form for each Membership renewal.

** Membership fee increases by 3.5% annually effective January 1 of the new year to reflect a cost of living adjustment.*

Enrollment Process

- Complete Enrollment Form and make check payable to **SHC**.
- Mail the completed Form and check to SHC HR Benefits to the address above.
- SHC HR must receive no later than **December 10** or **June 10**, depending on enrollment period.
- Upon receipt, you will be sent an email confirmation and enrollment information will be forwarded to Stanford University.
- You must obtain your Recreation Access Card before using the facilities.

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Recreation Access Card

- First-time members can pick up their Card from the Stanford ID Card Office during the last week of the month prior to the start of Membership at **Tresidder Union at 459 Lagunita Drive, 2nd Floor**. For additional questions on location and hours, visit <https://uit.stanford.edu/service/campuscard/cardoffice> or call **650.498.2273**.
- Make sure to bring a government-issued identification such as a Driver License or US Passport – your Hospital Badge is not recognized as an accepted form of identification.

Renewal

You must submit a new form with your check payment for each new enrollment period.

Inquiries

Send an email to HRBenefits@stanfordhealthcare.org.

Employee Information

Employee Name: _____

Employee ID: _____

Email: _____

Phone: _____

Employer: ☐ SHC ☐ LPCH

Date of Hire: _____

Status: ☐ New Hire
☐ New Membership (Not a New Hire)
☐ Continuing Membership

Rec Card Number: _____

By signing below, I agree to the following terms and conditions:

- ☐ I understand that my membership is subject to Stanford Recreation rules and policies, and payment of fees are non-refundable under any circumstances, including termination of employment at SHC/LPCH.
- ☐ I understand that I must submit a new enrollment form with my check payment for a new enrollment period and is due to SHC HR no later than December 10 for a Jan-Jun/Jan-Dec period or June 10 for a Jul-Dec period.
- ☐ I understand that my access to Stanford recreational facilities will terminate upon termination of employment from SHC/LPCH.

Employee Signature: _____

Date: _____

SHC HR Signature: _____

Date: _____

Printed Name: _____