

VAC Enrollment Checklist

Primary to initial

- 1.) _____ I understand the hours of availability for usage of the VAC and understand that these hours are subject to change based upon planned events, student/athlete needs, and unforeseen circumstances. Updates can be found on the VAC monitor above the service desk, the VAC community board and on our website WWW.Roberts.edu/vac .
- 2.) _____ I understand all persons age 15 and younger must be accompanied by an adult. The age requirement for the weight room is 17 years of age and the cardio/fitness room is 16 years of age.
- 3.) _____ I understand **only participants age 18 and older** are allowed to bring up to **two** guests per visit at a cost of **\$5** per guest. You are responsible for your guest(s) and need to stay with them.
- 4.) _____ I understand that VAC ID cards **are permanent**; if I lose my permanent ID card, I must replace it for a fee of **\$5** (*age 16 yr. + need ID card*).
- 5.) _____ I understand that I may sign out equipment for use in the VAC by exchanging my ID card for the equipment at the front desk. My ID card will be returned to me once the signed out equipment is returned to the front desk.
- 6.) _____ The VAC also offers Aqua-fit (water aerobics classes), private swim lessons (4 yrs. and older), and Homeschool (phys. ed. classes). Information and prices for these programs may be obtained at the VAC front desk and on the VAC website.
- 7.) _____ I understand if I am aware that I am going to be away for **2 weeks or more** (i.e.: surgery or vacation), **I may go to the office** and have my enrollment put on hold. **Note: this can only be arranged through VAC office personal. No exceptions! 2 weeks or more**
- 8.) _____ I understand **tuition is not transferable nor is it subject to refund.**
- 9.) _____ I understand ‘dry sneaker’s only’ rule in arena, wt. /cardio rooms, racquetball court.
- 10.) _____ I understand as the **Primary** of my family enrollment that **it is my responsibility to communicate all of the above information** to all **additional participants** in my family.

Date: ___/___/___

Primary (**Print name**): _____ Signature: _____

Service Desk: (**Print name**): _____