

CITY OF PEORIA EMPLOYEE APPLICATION FOR RIO VISTA RECREATION CENTER



Please complete this form and return to the Human Resources Department, OR scan and email to HR-Rio Vista

Visit: www.peoriaaz.gov/riovista for more information and applicable rules related to the rec. center

EMPLOYEE INFORMATION

Type of Application: New Application, Re-Enrollment, Change to an Application (*See notes below on permissible changes)

Today's Date: _____ Date Received into HR: _____

Name: _____ Employee ID #: _____

Department: _____

Address: _____ Suite/Apt#: _____

City: _____ State: _____ ZIP Code: _____

Birth Date: _____ Gender: _____ Email: _____

Home Phone #: _____ Cell#: _____ Work #: _____

EMERGENCY CONTACT

Emergency Contact: _____ Relationship: _____

Home Phone #: _____ Cell#: _____ Work #: _____

IMPORTANT NOTES ON PROGRAM

All full-time and part-time (30 hours or more) benefitted employees and their dependents that are covered and/or eligible to be covered by the City's health insurance plan.

Memberships are effective five (5) days within receipt of fully completed applications into Human Resources.

Memberships expire annually on June 30. Re-enrollment is required if you wish to continue your membership in the next fiscal year.

*Changes and/or cancellations to the membership will only be permissible if there is a qualifying event (Examples: include changes in legal marital status, changes in dependent status, etc.)

We **cannot** provide you the amount you will be taxed on based on the taxable value of the pass you select as each person has unique Federal tax, State tax, SS...etc.

Children under 5 do not require a membership. To be considered a **child** for the employee + child the youth must be between the ages of 5-26. Kid's Corner is free of cost for members with children 18 mos - 7 years old.

RIO VISTA PASS TYPE - PLEASE SELECT THE TYPE THAT APPLIES

Employee Only Pass – Taxable Value: **\$160.00/year**

Employee + Child Pass (Dependent between the ages of 5-up to the age of 26) – Taxable Value: **\$313.00/year**

Employee + 1 (Employee and spouse) – Taxable Value: **\$408.00/year**

Family Pass - (Employee + 5) - Taxable Value: **\$510.00/year**

**Additional Dependents exceeding the Family Pass will be subject to an additional Taxable Value of \$153.00/year each child.*

**ADDITIONAL MEMBER INFORMATION – ONLY COMPLETE IF SELECTING A PASS BEYOND EMPLOYEE ONLY
(IF MORE THAN 6, PLEASE PRINT 2 PAGES OF THIS SECTION AND COMPLETE)**

(1) Name:	_____	Birth Date:	_____	Relationship:	_____
(2) Name:	_____	Birth Date:	_____	Relationship:	_____
(3) Name:	_____	Birth Date:	_____	Relationship:	_____
(4) Name:	_____	Birth Date:	_____	Relationship:	_____
(5) Name:	_____	Birth Date:	_____	Relationship:	_____
(6) Name:	_____	Birth Date:	_____	Relationship:	_____

HUMAN RESOURCES AND RIO VISTA USE ONLY ON THIS SECTION

- HR Reviews App for Completeness, Signs and Approvals
- HR Scans App to Rio Vista
- HR Sends Hard Copy to Rio Vista
- HR Enters App into PeopleSoft
- HR Emails Employee
- To be Effective On: _____
- HR Archives Scanned Doc
- HR Keeps a Copy for Employee's File
- Community Services Database

WAIVER OF LIABILITY

I/we hereby release and forever discharge the City of Peoria, an Arizona municipal corporation, its elected and appointed officials, directors, officers, boards, commissions, agents, representatives, servants, and employees, and any and all other persons, firms, or corporations who are or might be liable, from any and all claims of any kind or character which I/we have or may have against them due to my participation, or my child's participation, in a City of Peoria recreation program at a city facility. This waiver includes all damages, losses, costs, expenses, and injuries that allegedly occur during the course of this recreation program. In that regard, I/we covenant to indemnify, defend, and hold harmless to the fullest extent permitted by law the foregoing persons and entities from any loss or damages, including reasonable attorneys' fees and litigation expenses, which may be incurred by them in the event any such claims are asserted against them or any of them. I/we understand that medical claims are my/our responsibility. This waiver does not extend to any such claim or liability that is caused by the sole and exclusive intentional acts or gross negligence of the City of Peoria or its officers, employees, or agents.

EACH ADULT (18 AND OVER) MUST INITIAL BELOW

_____	I understand and am aware that strength, flexibility and aerobic exercise, including the use of equipment and free weights, is a potentially hazardous activity.
_____	I also understand that fitness activity involves a risk of injury and even death and that I am voluntarily participating in these activities and using equipment with the knowledge and risk involved.
_____	Further, I certify that I have no medical or physical conditions that could interfere with my safety or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly by any such condition.
_____	I understand that staff will contact emergency personnel on my behalf or on behalf of my minor child should a medical emergency arise.
_____	I understand the Rio Vista Recreation Center advises patrons to consult a physician prior to beginning an exercise program.
_____	I understand that a fitness orientation is advised for all patrons and required for ages 13-14.
_____	I agree that I have read the Facility Policies, including Code of Conduct and understand that I, and members of my account are bound by them.
_____	I agree that failure to abide by the policies of the Rio Vista Recreation Center, including providing accurate information regarding residency, ages, and household members, can result in suspension from the facility and loss of fees.
_____	I understand that I will only be able to make changes or cancel my membership if I have a Qualifying Event and that pass fees are non-refundable.

SIGNATURES

- I, as the participant(s) certify that my signature signifies that I have read, understood and agreed to be bound by the contents of the City of Peoria Waiver of Liability on behalf of myself and/or any youth listed.
- I hereby attest that the dependents listed are covered by the City's health insurance plan, or are eligible to be on the health insurance plan.
- I also understand that that each participant is required to sign an acknowledgement and agreement with the city of Peoria's waiver of liability and that if children under the age of 18 years are listed on the account, I must sign on their behalf.
- I understand that upon separation with the city I will no longer be eligible for this employee benefit. My current employee Rio Vista membership will only continue until the last day of the month that my separation is effective. (Ex: Retirement date 7/02/2016, membership will end 7/31/2016)

Employee Signature:	
Parent/Guardian Signature (on behalf of all listed youth less than 18 years old):	
Participant Signature:	
Participant Signature:	
Participant Signature:	
Participant Signature:	