



Nina B. Hollis Wellness Center
Student Family Membership Form

Date and time completed: \_\_\_\_\_

Student Name: \_\_\_\_\_ ID# \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ e-mail address: \_\_\_\_\_

About Your Family Members: (For the purpose of this application family member is defined as immediate family member including legal spouse and children/stepchildren or individuals for whom a student has been assigned legal responsibility in a guardianship capacity.)

Spouse's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ ID# \_\_\_\_\_

[ ] Intramurals \$25.00/acad. yr.

Children age 15 or older: (Under 15 for Pool usage only)

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ ID# \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ ID# \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ ID# \_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

I acknowledge that I have read and understand the policies and information provided within this packet which are also available on the website at https://www.flsouthern.edu/campus-offices/wellness/membership.aspx . By signing below I am also certifying that the information I have provided is complete and accurate. I understand any false answers or statements or any misrepresentations on the Application Form shall be sufficient for the withdrawal of membership or other action as deemed appropriate by the College.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only

Staff: \_\_\_\_\_ Total Paid: \_\_\_\_\_ Date: \_\_\_\_\_
[ ] Cash [ ] Check [ ] Charge: Type \_\_\_\_\_

[ ] Scanned to Advancement