



CHARLOTTESVILLE CITY SCHOOLS

Department of Human Resources
Physical Fitness Program

Membership Application Form
Phone: 434-245-2400
Fax: 434-245-2603

ACAC Fitness and Wellness Centers

ENROLLMENT AND PAYROLL AUTHORIZATION

I/We hereby desire to enroll in the Charlottesville City Schools Physical Fitness Program.

I authorize the Charlottesville City Schools to withhold from my pay each month such amounts as may now or hereafter be my contribution to the cost of the program. This authorization shall continue in effect until revoked by me, except that notice of cancellation will not release me from payment for any month already begun.

I certify that I fully understand the enrollment, authorization, participation requirements, and cancellation policy for the Charlottesville City Schools Physical Fitness Program.

Employee Enrollment/Payroll Authorization

Employee Name (Print)

Employee Signature

Employee last four digits Social Security #

School/Program Location

Date

Spouse/Partner/Dependent(s) Enrollment

Spouse/ Partner Name (Print)

Dependent Name (Print) Age

Dependent Name (Print) Age

Dependent Name (Print) Age

Dependent Name (Print) Age

Pay Schedule: 10/20 pay _____ 12 /24 pay _____

Membership: New _____ Upgrade/add _____ Downgrade/remove _____ * is Spouse/ Partner a CCS employee _____

Please read and complete each page.

Human Resources Only:

Start Date: _____ Fitness List: _____ Payroll: _____ HR _____



CHARLOTTESVILLE CITY SCHOOLS

LIABILITY RELEASE

I/We, the undersigned School Employee, spouse or partner, dependent(s) of a School Employee, understand and agree that in registering to participate in the physical fitness program offered by **ATLANTIC COAST ATHLETIC CLUB** and sponsored by the Charlottesville City Schools, I/we voluntarily take advantage of an employee benefit offered to Charlottesville City School employees. I/We understand and agree that my/our participation is in no way required as a condition of continued employment with Charlottesville City Schools, and that my/our participation will be on my/our own time, not on Charlottesville City Schools time.

Therefore, I/we understand and agree that any injury which I/we may suffer while participating in the physical fitness program at **ACAC** or while traveling to or from **ACAC** shall not be considered as arising out of or in the course of Charlottesville City Schools employment. No such injury would be covered by the Charlottesville City Schools Workers' Compensation program.

My/Our participation at **ACAC** will be entirely at my/our own risk, and I/we hereby release the Charlottesville City Schools, its officers, employees and agents from any liability whatsoever for any injury which I/we may suffer as a result of participating in the physical fitness program at **ACAC**, or while traveling to or from **ACAC**.

Employee Liability Release

Employee Name (Print)

Employee Signature

Date

Spouse/Partner Liability Release

Spouse/Partner Name (Print)

Spouse/Partner Signature

Date

Dependent(s) Liability Release (18 and older only)

Dependent Name (Print)

Dependent Signature

Date

Dependent Name (Print)

Dependent Signature

Date



CHARLOTTESVILLE CITY SCHOOLS

Attendance Tracking

Employee attendance will be tracked. *If an employee does not go at least eight times a quarter, his/her membership will be cancelled and notification will be sent to the employee.* Participation is the employee's responsibility. **If an employee's membership is dropped, he/she will not be able to rejoin until the next fiscal year during open enrollment.**

Employees must sign-in on the Charlottesville City Schools attendance sheets or scan their membership card every time they attend the fitness facility. Verification of attendance will be based solely on the electronic/sign-in attendance sheets. *A condition of membership is that you agree to accept the attendance that the gyms report to Human Resources.*

ACAC rates, effective April 01, are as follows:

ACAC Rates / Full Time

<u>Monthly</u>	<u>Individual Full Facilities</u>	<u>Couple Full Facilities</u>	<u>Family Full Facilities</u>
CCS Rate	\$64.00	\$110.08	\$127.49
CCS Employer Contribution	\$29.50	\$29.50	\$29.50
Employee Payroll Deduction	\$34.50	\$80.58	\$97.99

ACAC Rates / Half Time

<u>Monthly</u>	<u>Individual Full Facilities</u>	<u>Couple Full Facilities</u>	<u>Family Full Facilities</u>
CCS Rate	\$64.00	\$110.08	\$127.49
CCS Employer Contribution	\$14.75	\$14.75	\$14.75
Employee Payroll Deduction	\$49.25	\$95.33	\$112.74

Employer Contribution

Per notification from CCS attorneys, the employer contribution you will receive of \$29.50/\$14.75 each month is taxable to you as additional income. In order to comply with this requirement, you will see both the employer allocation added to your paycheck and the full cost of dues deducted from your paycheck. By doing this, you will receive slightly less in net pay which reflects the taxes withheld related to the employer allocation.



Benefits Eligibility Requirements

Benefits are available to all full-time employees, half-time employees who work 17.5 hours or more a week are eligible to receive the benefit at one-half the rate.

Open Enrollment

Enrollment is open at the beginning of each quarter. Send completed pages 1, 2, and 5 to Central Office, attention Wellness Program. The quarters and deadline to send enrollment forms are listed below:

First quarter, July – September, receive by June 30

Second quarter, October – December, receive by September 30

Third quarter, January – March, receive by December (Last working day before Winter break).

Fourth quarter, April – June, receive by March 31

Employees on 10/20 pay schedule.

For employees on the 10/20 pay schedule you will be required to pay the full monthly cost for the months of July and August and request reimbursement for the taxable income of \$29.50/\$14.75 on a supplemental form using distribution code 41W

Participation Requirements

Employees are required to go at least **eight** visits per quarter. A minimum of a half-hour work out is expected per visit. If an employee does not go at least eight times in a quarter, his/her membership will be cancelled and notification will be sent to the employee. Employee attendance will be tracked. ***Participation is the employee's responsibility. If an employee's membership is dropped, he/she will not be able to rejoin until the next fiscal year.***

You have three opportunities during the fiscal year to make changes to your memberships. ACAC also has limitation in making changes to your membership. You will also be required to complete CCS Definition of a Dependent Form; you will receive the form in the mail if you list dependent(s) on your enrollment form.

Termination of Participation

Cancellation must be made through the Department of Human Resources and is effective the first of the month. Cancellation forms must be received on or before the last business day of the month in order for the membership to be cancelled effective the first day of the following month.

ACAC Information

- All ACAC membership includes the use of ACAC's water park and tennis courts.
- Family Rates are for maximum 2 adults and dependents.
- Family members are spouses/partner and children/stepchildren up to the age of 19 (full time college students up to the age of 23).
- If you cancel your contract with ACAC you may be assessed a cancellation fee by ACAC. (This will be discussed with you at the time you complete your ACAC application.)
- No Initiation Fee for CCS employees.
- **When enrolling with ACAC, you will be required to sign a six-month contract.**
- **You must complete required paper work with Charlottesville City Schools and ACAC before you may participate.**

Send completed pages 1, 2, and 5 to Central Office, attention Wellness Program.



Level of Fitness choice

Individual (Full Facilities) _____

Couple (Full Facilities) _____

Family (Full Facilities) _____

*** Full Facility memberships includes Water Park and Tennis Courts.**

Employee Sign / Print: _____

Last four digits of Social Security# _____

*** If you check that you Spouse/Partner is a CCS employee on page 1,
Please have them to enter information below.**

Spouse/Partner Sign / Print _____

Last four digits of Social Security# _____