



CHARLOTTESVILLE CITY SCHOOLS

ACAC Fitness and Wellness Center

Important Enrollment Information

Before completing the enrollment form, please review this information.

Benefits Eligibility Requirements

Charlottesville City School (CCS) has secured a partnership with ACAC Fitness & Wellness Center that allows CCS staff to enjoy the benefit of a corporate gym membership. This benefit is available to full-time employees and part-time employees who work a minimum of 17.5 hours a week. In addition to enjoying a discounted rate for a gym membership, the division further supports staff by providing a wellness incentive at the rate of \$29.50 for full-time staff and \$14.75 for part-time staff as long as staff **maintains minimum quarterly participation**.

Participation Requirements

To enroll in ACAC Fitness & Wellness Center, staff must **complete the CCS enrollment form** and visit guest membership at ACAC.

1. ACAC gym membership enrollment requires a minimum of the commitment of 6 months.
2. Employees are required to go at least **eight** visits per quarter, at a minimum of a half-hour workout per visit. **If an employee does not go at least eight times in a quarter, the CCS employer contribution will be discontinued until the next fiscal year.** Participation is an employee's responsibility. Please make sure your gym membership card is scanned when you attend the gym and check-in with ACAC staff to determine your total visits prior to the end of each quarter.
3. At times, you may experience personal challenges that prevent you from attending the gym. Please know, you can request a "medical freeze" for physical conditions of which you are under the care of a physician. Please share these requests as soon as you experience the change. There will be no recourse for information shared after-the-fact.
4. Employees on a 20 pay schedule will be required to pay the full monthly gym membership cost for the months of July and August and request reimbursement for the CCS gym subsidy of \$29.5/\$14.75 for full-time and part-time staff respectively.

Open Enrollment

Enrollment is open at the beginning of each quarter. The fitness quarters and enrollment deadlines are provided below.

- First Quarter: July - September, received by June 28
- Second Quarter: October - December, received by September 28
- Third Quarter: January - March, received by the last business day before Winter break
- Fourth Quarter: April - June, received by March 28

Please do not place information in inter-office mail on the received date. You will miss the deadline. Drop the form off at the Division Office.

Enrollment & Termination of Participation

You must complete CCS enrollment or termination forms to activate or discontinue CCS payroll deduction. All forms must be received on or before the last day business day of the month in order for the membership to be canceled effective the first day of the following month.

ACAC Fitness & Wellness Information:

Below, please find ACAC rates effective August 1, 2019.

ACAC Rates for Full-time Staff:

Monthly	Individual (Full Facility)	Couple (Full Facility)	Family (Full Facility)
CCS Rate	\$66.00	\$113	\$131
CCS Gym Subsidy	\$29.50	\$29.50	\$29.50
Net Gym Membership Cost	\$36.50	\$83.50	\$101.50

ACAC Rates for Part-time Staff

Monthly	Individual (Full Facility)	Couple (Full Facility)	Family (Full Facility)
CCS Rate	\$66.00	\$113	\$131
CCS Gym Subsidy	\$14.75	\$14.75	\$14.75
Net Gym Membership Cost	\$51.25	\$98.25	\$116.25

Employer Contribution

Per notification from CCS attorneys, the employer contribution you will receive of \$29.50 or \$14.75 each month is taxable income. In order to comply with this requirement, you will see both the employer allocation (“gym subsidy”) 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 allocations.

More Information

- All ACAC Fitness & Wellness memberships include the use of ACAC’s water park and tennis courts.
- Family rates are for a maximum of 2 adults and dependents
- Family members are spouses/partners and children/stepchildren 2 months to 19 years (or full-time college students up to the age of 23)
- If you cancel your contract with ACAC prior to completing a 6-month contract, you may be assessed a cancellation fee by ACAC.
- There is no initiation fee for CCS employees.

Attendance Tracking

Participation is an employee’s responsibility and gym attendance will be tracked. **If an employee does not go to the gym at least eight times in a quarter, the CCS employer contribution will be canceled until the next fiscal year.** A cancellation notification will be sent to the employee.

Employees are asked to scan their membership card each time they attend the fitness facilities. Verification of attendance will be based solely on the electronic sign-in process. **As a condition of membership, you agree to accept the attendance that the gym reports to Human Resources.**



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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

Spouse/Partnership/Dependent(s) Enrollment

Employee Name (Please print.)

Spouse/Partner Name (Please print.)

Employee's Signature

Spouse/Partner Signature (**REQUIRED if spouse/partner is a CCS Employee**)

Employee ID #

Last four digits of SS#

Dependent Name and Age (Please print)

School Location

Dependent Name and Age (Please print.)

Date

Dependent Name and Age (Please print.)

Dependent Name and Age (Please print.)

Pay Schedule: 24 Pays 20 Pays

Membership: New Upgrade/Add Downgrade/Remove

Fitness Membership Level: Individual Couple Family

Please check if your Spouse/Partner is a CCS employee.



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LIABILITY RELEASE

I/We, the undersigned School Employee, spouse or partner, dependent(s) of the School Employee, understand and agree that in registering to participate in the physical fitness program offered by **ATLANTIC COAST ATHLETIC CLUB (ACAC)** 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 time, not on Charlottesville City School 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 Worker' 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 (Please Print)

Employee's Signature

Date

Spouse/Partner Liability Release

Spouse/Partner Name (Please Print)

Spouse/Partner Signature

Date

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

Dependent Name (Please print)

Dependent Signature

Date

Dependent Name and Age (Please print.)

Dependent Signature

Date