

**Mercy College The Wellness Center at New
Rochelle Membership Information**

Opening September 3, 2019

Membership Office is Open for enrollment,
Friday August 30th and Saturday August 31st from 9 am to 3 pm.
Monday Through Friday - 7:00 am - 8:00 pm,
Saturday & Sunday 9:00 am - 12:00 pm

Hours of Operation (Beginning September 3, 2019)

Weight Room & Indoor Track

Monday through Friday - 7:00 am to 10:00 pm
Saturday 8:00 am to 7:00 pm
Sunday 9:00 am to 7:00 pm

Open Swim at the Pool (Adults ONLY)

Monday & Wednesday - 7:00-9:00 am
Monday through Friday - 11:00 am to 1:30 pm
Saturday and Sunday 4:00-6:30 pm

Classes Being Offered

Zumba (Beginning September 10th) - Tuesday & Thursday from
10:00-11:00 am - \$5 per member/student/Mercy Staff & \$10 non-
member

Adult Swim Stroke Instruction (Beginning September 3rd) -
Monday Through Friday - 10:30 am - 11:30 am - \$5 per member/
student/Mercy Staff & \$10 non-member

Water Aerobics (TBA) - Weekdays TBA from 9:30-10:30 am - \$5
per member/student/Mercy Staff & \$10 non-member

Additional Classes will be added

Mercy College The Wellness Center at New Rochelle
Membership Fees

Adults Only -There are **NO Child** memberships)

Senior Citizens - CNR & Mercy Staff or Alumnae & Westchester Aquatic Club

\$360.00/year & \$150/year additional Adult family member - Adults Only

Up to two guests: \$10/day

New Rochelle Residents

\$480/year & \$200/year additional Adult family member

Up to two guests: \$10/day

Pool Only Membership

\$300/year \$150/year additional Adult family member

Up to two guests: \$10/day

Students with Valid ID

Free

Up to two guests: \$10/day

Mercy College The Wellness Center at New Rochelle
Membership Application

Last Name: _____ First Name: _____

Date of Birth: _____ Gender: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Email: _____

Membership Type: Alumnae: ____ Mercy/CNR Staff: ____

Senior: ____ WAC: ____ New Rochelle Res: ____ Other _____

Fee Due: _____ Full Payment: ____ Semi: _____

I agree to all of the terms, conditions and rules of the Wellness Center. I agree to pay in full all fees as described above for the use of the Wellness Center and these fees are non-refundable.

Printed Name

Signature

Date

Westchester Aquatic Management
Credit Card Payment Authorization Form - 2019-2020 Wellness Membership

Sign and complete this form to authorize **Westchester Aquatic Management** to make a debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date.

I _____, authorize Westchester
(full name)

authorize **Westchester Aquatic Management** to charge my credit card

account indicated below for _____ on
(amount)

_____. This payment is for **Wellness Membership**
(date)

Indicate Payment Option: Full Payment _____ Semi-Annual _____

Billing Address _____

Account Type: Visa MasterCard AMEX Discover

Cardholder Name _____

Account Number _____

Expiration Date _____

CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

SIGNATURE _____

DATE _____



Membership Application and Release of Liability

In consideration of gaining Membership at the Wellness Center and to use its facilities and equipment, I hereby agree to release, indemnify, and hold harmless Mercy College, Westchester Aquatic Management LLC, Westchester Aquatic Club, and its trustees, officers, agents, and employees, from any and all responsibilities or liabilities for injuries or damages arising out of my participation in any activities or my use of equipment in the Wellness Center.

I understand and am aware that participation in any type of physical activity, including the use of the pool and gym equipment, is potentially hazardous. I also understand that these physical activities involve a risk of injury and even death and that I am voluntarily participating with the knowledge of the dangers involved.

I do hereby acknowledge that it was recommended that I obtain a physician's approval prior to my participation in any of the activities at the Wellness Center. I acknowledge that I have either had a physical examination and have been given medical clearance to participate, or that I have decided to participate in activities and/or use of equipment at the Wellness Center without medical clearance.

I hereby agree to accept, knowingly and voluntarily, any and all risks of injury arising out of my participation in any activities at the Wellness Center. In the event that I am injured, I agree to assume any financial obligation, either through my health insurance, or through some other means, for any medical costs that I incur. Mercy College assumes no responsibility for any medical expenses, injury, or damage suffered by me in connection with my use of the Wellness Center.

I understand that there is an annual fee of _____ for the Membership at the Wellness Center. I understand that this fee is non-refundable unless I present a doctor's note.

It is my intention by signing below to expressly assume all risk of personal injury, death, or property damage upon myself, to the exclusion of Mercy College, and to exempt and relieve Mercy College, Westchester Aquatic Management LLC, Westchester Aquatic Club from liability for personal injury, property damage or wrongful death.

Signature _____ Date _____

Last Name (Print) _____ First Name (Print) _____ Middle Initial (Print) _____

Street Address _____ City _____ State _____ Zip _____

Email Address _____ Cell _____