STATEMENT OF UNDERSTANDING
FOR MEMBERSHIP IN THE ONR HEALTH CLUB

1. My signature below certifies that I have read ONRINST 6100.1D pertaining to the policy and procedures concerning the ONR subsidized Sport & Health Club membership.

2. I must use the health club facilities a minimum of 21 times per quarter to maintain membership in the program. The quarters run from October - December, January - March, April - June, and July - September. I understand that if I join after the start of a quarter, I am expected to use the health club facilities at least 7 times per month but I am not in jeopardy of losing membership privileges until I am a member for a full quarter. Additionally, I may be put on medical hold for up to two months upon evidence from a physician.

3. I understand that if my name appears on the outstanding debit list for delinquency in paying the membership dues twice in any twelve months that my membership will be terminated.

4. I understand that if I am dropped for failure to use authorized health club facilities a minimum of 21 times per quarter and I still desire membership in the Health Club, I can be placed on the bottom of the waiting list to rejoin the health facility when a position becomes available. In the event that I again fall below the minimum usage of 21 visits per quarter after I have rejoined, my membership will be terminated and I will not be granted any additional ONR membership in the health club.

5. If my employment with ONR Headquarters ends (transfer or termination) I will notify the ONR Health Club Liaison in writing to the effect with the effective date of the transfer or termination. I understand that I can still maintain a membership at the health facility at my option by paying the regular full membership rate. I must contact the health club promptly to continue my membership.

6. I understand I will receive a usage report from the HCL monthly. I am responsible for reviewing this report and to notify the HCL if I believe a discrepancy exists. I am also responsible for providing sufficient justification that I was unable to meet the minimum usage requirements (unexpected travel, injury, illness, etc.).

7. Name, Signature and Date

PRINT FULL NAME	SIGNATURE / DATE
DEPARTMENT HEAD / SUPERVISOR PRINTED NAME	DEPARTMENT HEAD / SUPERVISOR SIGNATURE / DATE

8. Health Club Membership Number

Copy to: (when signed by all parties)
Sport & Health Club Liaison
Sport & Health Club member