

## BICYCLE ENCLOSURE APPLICATION/AGREEMENT EMPLOYEE AND/OR PHYSICIANS&VOLUNTEERS

Cyclist's Information	For Office Use Only
Name:	Human Resources authorization:
SJHC Employee Number:	Date Issued:
Badge Identification No: (Required by Security for access)	EMPLOYEE: FT <input type="checkbox"/> PT <input type="checkbox"/> Casual <input type="checkbox"/> Payroll Deduction <input type="checkbox"/>
Department & Extension:	PHYSICIAN/VOUNTEER PAYMENT OPTIONS: Credit Card <input type="checkbox"/> EFT <input type="checkbox"/>
Home/Cell/Mobile Number:	<b>DEPOSIT: \$25.00</b>
Bicycle Make & Colour:	

### Rules & Regulations

- Everyone is to register for a spot through Human Resources as spaces are limited
- The \$25.00 deposit is refundable
- Employee deposit will be through payroll deduction, while physicians and volunteers will pay their deposit through Patient Accounts
- Cyclists are responsible for securing their bicycle inside the enclosure
- No motorized or electric bicycles are allowed inside the enclosure
- No transferring of badges or allowing non-registered cyclists into enclosure
- The Health Centre assumes no responsibility for loss or damage to fire, theft, collision or otherwise to bicycles however caused.

*I hereby accept and agree to comply with the above Rules & Regulations, subject to revision from time to time. If the Health Centre determines that I have breached any rules or regulations I will lose my privileges and my deposit will be refunded.*

Cyclists signature: \_\_\_\_\_

Date: \_\_\_\_\_