

# Recreation Center Membership Application

Check one: ☐ Graduate Student ☐ Faculty ☐ Staff ☐ Retiree ☐ Alumni ☐ Community ☐ Associate ☐ Summer Undergrad

Please print

Name of Applicant: \_\_\_\_\_  
(Last) (First) (MI)

Date of Birth: \_\_\_\_\_ ID#: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Local Address: \_\_\_\_\_  
(Street) (City/State/Zip)

Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**PARTICIPATION IN ANY ACTIVITY WITHIN THE RECREATION CENTER IS AT THE SOLE DISCRETION AND JUDGEMENT OF THE MEMBER AND AT HIS OR HER OWN RISK.**

I, the undersigned, for myself and my sponsored dependants, assume full responsibility for death, injuries, catastrophic injuries or damages which may occur to me or my sponsored guests or dependents, in, on, or about the premises of the facility and do hereby fully and forever release and discharge RICE UNIVERSITY, the Board of Trustees, employees, and representatives from any and all suits, claims, damages, costs and expenses of every kind in conjunction with the use of the facility and thereof equipment associated.

I, the undersigned, for my sponsored dependents, and myself further agree to use all equipment and activity areas properly and leave them in good condition. I assume total liability and agree to reimburse RICE UNIVERSITY for all damages incurred through the misuse of any facility area and/or equipment thereof. I also understand that the Recreation Center staff is not responsible for any lost, stolen, or damaged personal belongings.

I, the undersigned, have received the Recreation Center user's guide and understand there are limitations to my membership as outlined in the handout.

I, the undersigned, certify that the information I have given in this application is complete and accurate.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Complete only if also purchasing a membership for your spouse/domestic partner and family)

Please Print

Name of Spouse/Domestic Partner: \_\_\_\_\_  
(Last) (First) (MI)

Date of Birth: \_\_\_\_\_ ID#: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Local Address: \_\_\_\_\_  
(Street) (City/State/Zip)

Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Name of Dependents:**

1. \_\_\_\_\_ 2. \_\_\_\_\_  
(Name) (Date of Birth) (Name) (Date of Birth)

3. \_\_\_\_\_ 4. \_\_\_\_\_  
(Name) (Date of Birth) (Name) (Date of Birth)

Spouse/Domestic Partner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RECREATION CENTER STAFF USE ONLY**

Membership Type: ☐ Full Membership ☐ P1 ☐ T1

Status: ☐ Faculty ☐ Staff ☐ Spouse/Domestic Partner ☐ Family/ ☐ Alumni ☐ Spouse ☐ Family/Domestic Partner ☐ Student Grad ☐ Spouse/Domestic Partner ☐ Retiree ☐ Spouse/Domestic Partner/ ☐ Undergrad (summer only)

Session: ☐ Annual ☐ Fall ☐ Spring ☐ Summer

Fee amount: \$ \_\_\_\_\_ ☐ Cash ☐ Check \_\_\_\_\_ (check #) ☐ Credit Card ☐ \*Payroll Deduction

Expiration date of Membership: \_\_\_\_\_ Staff Name: \_\_\_\_\_

(Please print clearly)

\*payroll deduction must complete payroll form.