

# Student Recreation Center WCU Associate Membership

Division of Student Affairs

## PLEASE PRINT INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
PRINT NAME

Email address: \_\_\_\_\_ Local Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ / \_\_\_\_\_  
Cell Other

Please check the appropriate box:

Alumni: ( ) Graduation Date: ( )  
\*Verified by Alumni Office

Retiree: ( ) Retirement Date: ( )  
\*Verified By Human Resources

Faculty/Staff/Alumni Spouse/Partner: ( )

Name of Faculty/Staff: \_\_\_\_\_  
(Please Print)

Membership Type: please select only one category

Fall - August 24 - December 24, 2015	\$210	( )
Spring - January 4 - May 20, 2016	\$210	( )
Summer - May 23 - August 19, 2016	\$160	( )
Annual Fee - Fall/Spring/Summer	\$520	( )

All individuals must be given an orientation of the equipment and complete a Physical Activities Readiness Questionnaire (PAR Q), Informed Consent Statement, and Liability Form before using the Student Recreation Center. It is also recommended that you see your physician before beginning any exercise program.

SERVICES: The membership does not include "registered short term sessions" Group Fitness, Personal Training or participation in Intramural Sport program, Sport Club program, Outdoor Adventure program, or Special Events.

By signing this form I agree to abide to all policies and procedures.

signature

Person to notify in case of emergency:

Name: \_\_\_\_\_  
(Please Print)

Telephone: ( ) ( ) ( ) \_\_\_\_\_  
day evening cell

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OFFICIAL USE ONLY

Revenue Deposit Information

Fund: 1000  
Program: XC  
Acct: 4447  
Dept: 4400