

University of Dayton
Department of Campus Recreation

Membership Application

Monthly Annual

Today's Date: _____

Name: _____

Dependents: _____ M__ / F__ (check one) Date of Birth _____

(Must be listed _____ M__ / F__ (check one) Date of Birth _____

to attend family _____ M__ / F__ check one) Date of Birth _____

hours) _____ M__ / F__ (check one) Date of Birth _____

Home Address: _____

City/State/Zip: _____

Home Phone: _____ Work Phone: _____

Email: _____

Campus Address: _____ Campus Phone: _____

Emergency Contact Name: _____ Phone: _____

Relationship: _____

Second Person Complete Section Below

Sponsor Name: _____ Sponsor Status: _____

Sponsor Home Phone: _____ Sponsor Work Phone: _____

Office use only:

Membership #: _____

Membership Type: (check one)

Payment Method

- | | | |
|---|--|--|
| <input type="checkbox"/> Faculty/Staff/Retirees/Grad. Assistant | <input type="checkbox"/> Family | <input type="checkbox"/> Check # _____ |
| <input type="checkbox"/> Law Student/Graduate Student | <input type="checkbox"/> Dependent | <input type="checkbox"/> Credit Card |
| <input type="checkbox"/> Alumni | <input type="checkbox"/> Second Person | Approval # _____ |
| <input type="checkbox"/> Individual | <input type="checkbox"/> Marianist | <input type="checkbox"/> Payroll Deduction |
| <input type="checkbox"/> Wellness Membership | <input type="checkbox"/> Early Bird | UD ID#: _____ |
| | | <input type="checkbox"/> Payroll Deduction |
| | | Day Air Credit Union |

Amount Paid: \$ _____

In consideration of any and all participation in the Department of Campus Recreation programs and activities and use of facilities and equipment, the undersigned agrees and understands that risk of serious and permanent injury from the activities does exist, and knowingly and freely assumes all risks, both known and unknown, even if arising

from the negligence of the Department or others and assumes full responsibility for participation and use of facilities. The undersigned further agrees to comply with the stated and customary terms and conditions of participation and agrees that if an unusual or significant hazard is observed, activities will be discontinued and the undersigned will bring such matter to the attention of the nearest Department of Campus Recreation staff member immediately. As a legal parent or guardian, I understand that I assume all risk for dependents under the age of 18 and release the University of Dayton and its agents harmless of any liability issues involving any dependent.

Applicant's Signature

Date

Applicant's Signature/Sponsor's Signature

Date

Parent/Guardian Signature (If Dependent is under age 18)

Date