

**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 29 - December 24, 2016	\$215	()
Spring - January 3 - May 26, 2017	\$215	()
Summer - May 30 - August 25, 2017	\$160	()
Annual Fee - Fall/Spring/Summer	\$530	()

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 Small Group Trainin, Personal Training, participation in the Intramural Sport program, Club Spots 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

OFFICIAL USE ONLY

Revenue Deposit Information

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