Rutgers University-Camden Athletic and Fitness Center
Membership Application Form

Name: ___________________________ Date of Birth: __________________

Last First Middle Initial

Address: ____________________________________________________________

City: __________________ State: ______ Zip: ______

Phone: __________________ E-Mail: __________________

Emergency Contact: __________________ Relation: __________________

Day Phone: __________________ Evening Phone: __________________

CHECK Member Category Per Year
[] Rutgers Alumnus……………………………………… $240
  Graduation Year ______
  (RUC 2017 Grads = Free 1 year after graduation)
[] Legal Partners of Rutgers Alumni………………… $240
  RU Alumni Name: ____________________________
[] Legal Partners of Full-Time Rutgers Employees…… $240
  RU Employee Name: __________________________
[] Legal Partners of Full-Time Rutgers Students…… $120
  RU Student Name: ____________________________
[] External Community Partnerships ……………… $240
  Organization Name: __________________________
  *Prior approval from Administration required

Retired Faculty and Staff……………………………See Office of Human Resources
Partnering Universities Students & Staff…………See Partnering University for Information

INFORMED CONSENT AGREEMENT

All Athletic and Fitness Center members are expected to consider their personal and physical condition prior to their participation. Such participation involves physical exertion and fundamental skills for that sport or activity, and may involve physical contact. Any participant aware of a condition predisposing them to injury or illness, and in consideration of the inherent physical exertion and possible physical contact involved in participation, must seek the advice of a physician prior to participation. We strongly recommend that all participants have had a complete physical examination within the last two years. However prudent, a physical examination does not insure against injury or illness.

Membership does not provide for health or accident insurance. All members are responsible for their own personal health and accident insurance coverage.

Posted or distributed rules and regulations are designed for the safety and protection of members. Members are responsible to abide by these rules and regulations. Failure to follow these rules and regulations could result in the termination of the Athletic and Fitness Center membership with limited or no refund.

I have read the above statement and agree with all conditions contained therein.

NO REFUNDS
(After 3 Business Days)

Member Signature: ___________________________ Date: ______________

FOR OFFICE USE ONLY

Processed by: ___________________________ Date: ______________

Paid: $ ________ Cash ________ Check# ________

Recorded by: ___________________________ Valid To: ____/____/____ Member# ________