

# Rutgers University-Camden Athletic and Fitness Center

## Membership Application Form

\_\_\_ New Membership \_\_\_ Renewal

Please **print**:

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last (Surname) First Middle Initial

Address \_\_\_\_\_

City State Zip

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Emergency contact: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

CHECK	Member Category	Per Year
<input type="checkbox"/>	Rutgers Alumnus.....	\$240
<input type="checkbox"/>	Legal Partners of Rutgers Alumni.....	\$240
<input type="checkbox"/>	Legal Partners of Full-Time Rutgers Employees.....	\$240
<input type="checkbox"/>	Legal Partners of Full-Time Rutgers Students.....	\$120
<input type="checkbox"/>	Retired Faculty and Staff.....	See Office of Human Resources

### **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# \_\_\_\_\_

**Membership Active 1 Business Day after payment is received.**