

MEMBERSHIP FORM

New Membership Renewal

M e m b e r	Name _____	Home Phone _____	Work hone _____
	U ID# 00 _____	U Card # (16digit) _____	Campus Rec ID# _____
	Address _____		City _____
	State _____	Zip _____	Email _____ M _____ F _____
	Documentation Verification <input type="checkbox"/>		<i>Please check box if you don't wish to receive facility or program updates via email</i> <input type="checkbox"/>

Sig O t h e r	Name _____	Campus Rec ID# _____
	U Card # (16 digit) _____	M _____ F _____ This is my Significant Other _____ (initials)
	Same Address Verification <input type="checkbox"/>	

Individuals are encouraged to have a physical examination and obtain adequate health and accident insurance prior to participating in Campus Recreation Services (ACRS@) activities. Individuals participate in CRS programs and facilities at their own risk. I understand that a fine or fee will be assessed to me for any equipment checked out by me or by any other person listed under my membership form and returned late, damaged, or not returned. These fines and fees are subject to change. A published list of current fines and fees is available at the Field House, HPER E-214, and the Outdoor Program. I authorize the University Payroll Department to deduct from any of my payroll checks the amount of any fines or fees assessed by CRS and not paid in full within fifteen (15) calendar days following the due date. I understand that I am assuming responsibility for all equipment checked out by me or by any of the individuals I have listed above. I may remove any of the above-named individuals from my membership at any time by providing five (5) calendar days= advance written notice to CRS at the following address: Administrative Assistant, Campus Recreation Services, 375 S. 1400 E. SLC, Ut 84112. CRS may deny access to CRS facilities and/or services on the basis of inappropriate conduct. Memberships may be terminated for violations of CRS policies/ procedures or for failure to comply with reasonable directions and requests of CRS personnel. By signing below, I agree to all of the foregoing terms.

Signature _____

Are you paid by a grant? If so, you are not eligible for payroll deduction.

Payroll Deduction

I authorize the University of Utah Payroll department to deduct from each payroll check the amount of money necessary to pay the cost of a Campus Recreation Services (ACRS@) membership. I understand this payroll deduction plan continues from year to year and does not need to be renewed annually. I acknowledge that CRS membership fees may change in the future. **I understand that it is my responsibility to notify CRS if my status at the University changes and I no longer require a membership for admittance into facilities.** I understand that I can withdraw from the continuous payroll deduction plan at any time by providing CRS, in writing, fifteen (15) calendar days= notice to the following address: Administrative Assistant, Campus Recreation Services, 375 S. 1400 E. SLC, Ut 84112. I also agree to surrender any membership card issued by CRS at that time. In addition, the previous address must be notified for any leave of absence as this disrupts deductions. I further agree that upon termination of my employment at the University, my membership and that of my significant other and my children listed above, will no longer be valid and any membership cards issued by CRS must be surrendered.

Signature _____

Office Information

Faculty AOCE Retired/Emeritus Ft. Douglas Other _____
 Staff HB60 Alumni President=s Club Sig. Other
 P/Time Workshop

Date Purchased _____	Amount Paid _____	Transaction# _____
<input type="checkbox"/> Payroll Deduction	Key Pass <input type="checkbox"/>	Expiration Date _____
HPER Locker # _____	Lock Combination _____	Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit <input type="checkbox"/>
Comments _____	Sold by _____	Entered _____