

MEMBER INFORMATION

Name _____ Primary Phone _____ Secondary Phone _____
 U ID# _____ U Card# (16 digit) _____ Campus Rec ID# _____
 Address _____ City _____
 State _____ Zip _____ Male Female
 Email _____ Please send me CRS updates including closures, special events, etc.
 Document Verification

SIGNIFICANT OTHER

Name _____ Primary Phone _____ Secondary Phone _____
 U ID# _____ U Card# (16 digit) _____ Campus Rec ID# _____
 Male Female This is MY SIGNIFICANT OTHER _____ (initials) Same Address Verification

DEPENDENTS (Children under the age of 5 do not require a membership)

Name _____ Birth Date _____ Campus Rec ID# _____ Male Female
 Name _____ Birth Date _____ Campus Rec ID# _____ Male Female
 Name _____ Birth Date _____ Campus Rec ID# _____ Male Female
 These are MY DEPENDENTS _____ (initials)

Individuals are encouraged to have a physical examination and obtain adequate health and accident insurance prior to participating in Campus Recreation Services (CRS) 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 Eccles Student Life Center. 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 in advance written notice to CRS at the following address: Campus Recreation Services, 1836 Student Life Way, 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. For a list of policies, please visit our web site @campusrec.utah.edu. By signing below, I agree to all of the foregoing terms.

SIGNATURE _____

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 (CRS) 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 in notice to the following address: Campus Recreation Services, 1836 Student Life Way, 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 listed above, will no longer be valid and any membership cards issued by CRS must be surrendered.

SIGNATURE _____

OFFICE INFORMATION

Faculty President's Club
 Staff Significant Other
 Part-Time Workshop
 Retired/Emeritus Alumni
 Ft. Douglas Other
 Alumni **CAMPUSREC.UTAH.EDU**

Date Purchased _____ Amount Paid _____ Transaction# _____
 Payroll Deduction Cash Check Credit
 Expiration Date _____
 Locker# _____ Combination _____
 Sold by _____ Entered by _____
 Comments _____