



CAMPUS RECREATION - MEMBERSHIP FORM

Name: _____ Home Phone: _____

Address: _____ Business Phone: _____

E-Mail Address: _____

Date of Birth: _____

Person(s) to notify in case of emergency: (Mandatory to list two names and your physician.)

Name: _____ Phone: _____

Name: _____ Phone: _____

Physician: _____ Phone: _____

Applicant's affiliation* with The University of Tulsa: **Employee / Employee Spouse / Student Spouse**

Other _____

Indicate TU ID Number: _____

Upon approval of this application:

I understand that my use of The University of Tulsa Recreational Facilities is purely voluntary and that neither Campus Recreation nor The University of Tulsa assumes responsibility for any injury incurred through this use. I am aware of the risks involved in participating in physical activities, and agree that it is my responsibility to determine whether or not I am physically fit to participate in a particular activity. I understand that The University of Tulsa grants me the privilege of participating in university activities on the condition that I sign the attached waiver form, which I hereby agree to be bound by.

I have read, and will abide by, the established policies for facility use.

Please Initial by membership choice.

_____	Fall Membership \$50.00	_____	thru	12/31/09
_____	Spring Membership \$50.00	_____	thru	05/08/10
_____	2 Semester \$100.00	_____	thru	05/08/10

* No Prorating and No Refunds

* We reserve the right to revoke passes at any time

Applicant's Signature

Date

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OFFICE USE ONLY

_____ Employee Yearly = \$100.00

_____ Employee per Semester = \$50.00

_____ Employee or Student Spouse Yearly = \$100.00

_____ Employee or Student Spouse per Semester = \$50.00

_____ Other Yearly = \$100.00

_____ Other per Semester = \$50.00