

Entire application MUST be completed or will not be accepted.

Single Membership	Price	Total
6-Month (July 1 –December 31 OR January 1 – June 30)	\$200	
1-Year (July 1 – June 30)	\$375	
Family Membership		
6-Month (July 1 –December 31 OR January 1 – June 30)	\$350	
1-Year (July 1 – June 30)	\$625	
Total		

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

EMAIL: _____

Relationship	Last, First, MI	Age (14 and above)	Last 6 of SSN (used for login)
Self			

Emergency Procedures for you and your family.

<u>NAME</u>	<u>BIRTHDATE</u>	<u>SPECIAL MED/ALLERGIES, ETC.</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

IN CASE OF EMERGENCY, ILLNESS OR ACCIDENT INVOLVING THE ABOVE LISTED CHILDREN, THE SWIM CLUB IS AUTHORIZED TO PROCEED AS INDICATED BELOW: (number items in order of desired order of action)

_____ Contact father at: Name of business _____ Phone# _____
 _____ Contact doctor: Name: _____ Phone# _____
 _____ Other procedure (please specify) _____

The Fitness Center is staffed by students of Hampden-Sydney College. I understand that there are limited hours during any time that Hampden-Sydney College classes are not in session. Hampden-Sydney College reserves the right to close the Fitness Center for lack of staff, maintenance, athletics and special events as needed. This information will be posted at the membership desk.

I am familiar with the risks inherent in activities such as those conducted at Hampden-Sydney College and the risk of personal injury to members when undertaking such health and fitness programs. Hampden-Sydney College encourages members to undergo a complete physical examination before participation in any health and fitness program. **I hereby assume all risks of personal injury and/or property damage to myself in any way associated by Hampden-Sydney College.** I hereby release Hampden-Sydney College and its officers, agents and employees from all claims, liability or demand of any kind or account of any personal injury, property damage or other damages arising out of and/or participation in said facility use activities. Further, I confirm I have read and understand this release.

Signature

Date

Office Use Only	
Date Received: _____	Date Expire: _____
Amnt. Paid: _____	Cash _____ Check _____ Credit Card _____