The W
CAMPUS RECREATION

Membership Application

Primary Member Information

Application Date: _____

☐ New Membership ☐ Renewal

Membership Category (Select One):

☐ MUW Alumni
☐ MUW Adjunct Faculty
☐ MSMS Employee
☐ Partner (Annual membership)
☐ Sodexo Employee
☐ Full-time MUW Student
☐ Full-time MUW Employee/ Faculty/ Staff
☐ Adult Pool Only (Annual membership)
☐ Child Pool Only (Annual membership)
☐ Additional Adult
☐ Pay to Play
☐ Community Member
☐ MUW Retiree
☐ Summer Continuing MUW Student
☐ Term 1 ☐ Term 2 ☐ Both

Please select one:

☐ Single ☐ Couple ☐ Family

Please select one:

☐ 6 month membership ☐ Annual membership

Name: _____ Date of Birth: _____

Address: _____
Street City State Zip

Email: _____ Phone: _____

Stark Recreation Center can send updates on facility closings, holiday hours, membership expiration, upcoming events, etc.
If you would like to receive correspondence from Stark Recreation Center, please indicate your preferred means of communication:

☐ Email ☐ Mail ☐ Text, please list your service provider: _____ ☐ Please do not contact me

Secondary Member Information

	Name	Relationship to Primary	Date of Birth	Same Residence?
1.				☐ Yes ☐ No
2.				☐ Yes ☐ No
3.				☐ Yes ☐ No
4.				☐ Yes ☐ No
5.				☐ Yes ☐ No

Members and guests are expected to abide by MUW parking regulations and are subject to ticketing. Would you like to purchase a parking decal? ☐ Yes ☐ No

Please indicate any medical conditions Stark Recreation Center staff should be aware of (high blood pressure, diabetes, hearing loss, etc.)

_____

It is the responsibility of all members to know and abide by MUW Campus Recreation policies and procedures. Failure to abide by policies and procedures or follow direction from Campus Recreation staff may result in access privileges being revoked. The primary member is responsible for any additional sponsored members on his/her membership. The failure to follow Campus Recreation policies and procedures by a member sponsored by the primary member may result in all access privileges being revoked from the primary and sponsored members. All individuals included on membership must reside in same dwelling as primary member. Memberships cancelled before renewal dates are non-refundable. Fees may apply for early cancellation. Participation in Campus Recreation activities and use of facilities is voluntary. I assume all risks associated with my participation. By signing below, I release and discharge from all liability for all injury, disability, death, property damage or property theft, MUW and its directors, officers, employees, volunteers, representatives and agents, whether caused by negligence or otherwise.

Primary Member Signature: _____ **Date:** _____

Office Use Only
Processed By: _____ Date: _____ Amount Paid: _____
Method of Payment: ☐ Cash ☐ Check ☐ Credit/Debit ☐ Bank Draft ☐ Payroll Deduction