

Campus Recreation Services Membership Information



New Membership Renewal

M
e
m
b
e
r

Name _____ Home Phone _____ Work phone _____
 U ID# 00 _____ U Card # (16digit) _____ Campus Rec ID# _____
 Address _____ City _____
 State _____ Zip _____ Email _____ M _____ F _____
Documentation Verification Please check box if you don't wish to receive facility or program updates via email

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

C
h
i
l
d
r
e
n

Name (Children must be 8 yrs old to enter Field House)	Birth Date	M/F	Campus Rec ID#
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

These are my **Children** _____ (initials)

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 <input type="checkbox"/>	Student/Extension <input type="checkbox"/>	Retired/Emeritus <input type="checkbox"/>	Research Park <input type="checkbox"/>	Other _____
Staff <input type="checkbox"/>	AOCE <input type="checkbox"/>	Alumni <input type="checkbox"/>	Ft. Douglas <input type="checkbox"/>	Sig. Other <input type="checkbox"/>
P/Time <input type="checkbox"/>	HB60 <input type="checkbox"/>	Workshop <input type="checkbox"/>	President=s Club <input type="checkbox"/>	Family <input type="checkbox"/>

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