

**ADELPHI CENTER FOR RECREATION AND SPORTS MEMBERSHIP APPLICATION**

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ ID# \_\_\_\_\_

**TYPE OF MEMBERSHIP** (one form per person)

ALUMNI	FUN w/ FAMILY	COMMUNITY
<input type="checkbox"/> New Grad Yr. _____ <input type="checkbox"/> Young Grad Yr. _____ <input type="checkbox"/> Alum Grad Yr. _____ <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Age: _____ (17-25 yrs.) <input type="checkbox"/> College Student Summer	<input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Age: _____ (17-25 yrs.) <input type="checkbox"/> Parent <input type="checkbox"/> Sibling Age: _____ (17-25 yrs.) <input type="checkbox"/> College Student Summer AU Member Name: _____ Circle one: Stud / Fac / Staff	<input type="checkbox"/> Member <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Age: _____ (17-25 yrs.) <input type="checkbox"/> Senior Discount (10%) (60+ yrs.) Age: _____ <input type="checkbox"/> AFP (approval req'd) <input type="checkbox"/> College Student Summer
<b>*Fee:</b>	<b>*Fee:</b>	<b>*Fee:</b>

\* Refer to the current CRS Membership price list. Make all checks payable to Adelphi Campus Recreation.

**AGREEMENT**

I agree to abide by the Adelphi Recreation Facility policies and procedures, as well as, those outlined in the CRS Membership and Healthy Steps Programs. I understand that a pre-participation screening, medical clearance, and a fitness center orientation are required in order to participate in the CRS membership program. I understand also that Adelphi's Healthy Steps policy requires prospective members who display certain risk factors to meet with one of their exercise counselors. Recommendations may be made for participation in the Healthy Steps program and/or Adelphi's Adult Fitness Program. Adelphi University reserves the right to require compliance with our standards and policies in the implementation of Healthy Steps and in rare cases, refusal of participation may result if compliance is not feasible.

Signature: \_\_\_\_\_

**RELEASE AND HOLD HARMLESS AGREEMENT**

In consideration of being permitted to use Adelphi University's Recreation Facilities I, \_\_\_\_\_, hereby release any and all rights and claims for damages I may have against Adelphi University, its' agents, employees and volunteers for any and all injuries (including death) or other damages incurred or sustained as a result of my use of the Recreation Facilities. Furthermore, I shall indemnify and shall save harmless Adelphi University, its' servants, agents and employees from and against any and all liability, loss, cost, expense or damage (including reasonable counsel fees for Adelphi University) and from and against any and all suits, claims and demands of every kind and nature, by or on behalf of any person, firm, association or corporation including punitive damages, arising out of or based upon any accident, injury or damage however occurring, which may happen on or about Adelphi University premises or arising out of my use of Adelphi University's Recreation Facilities. I am aware of the inherent risks associated with physical activity and, to the best of my knowledge, I have no physical limitations that would preclude me from participating in the use of the Recreation Facilities.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE:** Date rec'd \_\_\_\_\_ Payment \_\_\_\_\_ Proof \_\_\_\_\_ Expiration Date: \_\_\_\_\_

AU HEALTHY STEPS PPHS \_\_\_\_\_ Med clearance \_\_\_\_\_ Orientation \_\_\_\_\_ (date) Rec #: \_\_\_\_\_