FACULTY/STAFF MEMBERSHIP APPLICATION

*** Pleasereturn completed applications tDr. Mar k J. Andreozzi in the Campus Recreation Centet

Membership Category						
☐ Faculty ☐ Staff						
Membership Type:						
Free Single Membership(6am to 1pm Mo	n-Fri & 10am to 2pm Sa	aŧSun ONLY) 🔲				
Unlimited Use Single Membership(SeptA	Aug): 🔲 Full Year \$100	0.00				
Unlimited Use Family Membership (Sept	·Aug): 🔲 Full Year\$200	0.00				
Payment Method All memberships are nor	arefundable after 72 hours of	purchase date.				
☐ Cash ☐ Check(made payable t	to RWU) 🔲 Payroll 🛭	Peduction				
Applicant Information:						
Name First		RWU ID #				
Last First	MI					
Email Address:		Date of Birth :				
Local Address:		Home Phone:				
City/State/Zip:						
Campus Department:						
(if applica	able):					
Parents must superse children under the age of	166 the same activity areaNo	one under the age of 16 allowed in FitnessCente				
Name:	_ Date of Birth:	DriverÕs License #				
Name:	_ Date of Birth:	DriverÕs License #				
Name:	Date of Birth:	DriverÕs License #				

ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIA BILITY AGREEMENT

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