

RECREATIONAL SERVICES MEMBERSHIP APPLICATION

Name _____ Alumni Grad. Year _____
 Street Address _____ Faculty / Staff Dept. _____
 City _____ State _____ Zip Code _____ Phone # (daytime) _____

| Type of Pass | Pass Code | Price Semester | Price Fall & Spring | Price Full Year | Summer Rate |
|-------------------------------|-----------|----------------|---------------------|-----------------|------------------------------|
| Individual Faculty / Staff | IF / IS | 44.00 | 88.00 | 121.00 | 33.00 |
| Individual Alumni | IA | 44.00 | 88.00 | 121.00 | 33.00 |
| Individual Community | IC | 132.00 | 264.00 | 325.00 | 88.00 |
| Family Faculty / Staff | FF / FS | 77.00 | 154.00 | 198.00 | 55.00 |
| Family Alumni | FA | 77.00 | 154.00 | 198.00 | 55.00 |
| Family Community of 2 | FC2 | 165.00 | 330.00 | 402.00 | 110.00 |
| Family Community of 3 or more | FC3 | 198.00 | 396.00 | 479.00 | 132.00 |
| Student Family | SF | 44.00 | 88.00 | 121.00 | 33.00 |
| Visiting College Student | VCS | 88.00 | 176.00 | 231.00 | 55.00(summer) 28.00 (winter) |

FAMILY MEMBERS: Family is defined as residing in the same household and the dependents thereof under the age of 18.

Spouse: _____ Dependents: 1 _____ Age _____ 3 _____ Age _____
 2 _____ Age _____ 4 _____ Age _____

Thank you for choosing to use the facilities, services, or programs of SUNY College at Brockport Recreational Services. We request your understanding and cooperation in maintaining both your and our safety and health by reading and signing the following informed consent agreement.

I, _____, declare that I intend to use some or all of the activities, facilities, programs, and services offered by SUNY College at Brockport Recreational Services and I understand that each person, (myself included), has a different capacity for participating in such activities, facilities, programs, and services. I am aware that all activities, services, and programs offered are either educational, recreational, or self-directed in nature. I assume full responsibility, during and after my participation, for my choices to use or apply, **at my own risk**, any portion of the information or instruction I receive.

I understand that part of the risk involved in undertaking any activity or program is relative to my own state of fitness or health (physical, mental, or emotional) and to the awareness, care, and skill with which I conduct myself in that activity or program. I acknowledge that my choice to participate in any activity, service, and program of SUNY College at Brockport Recreational Services brings with it my assumption of those risks or results stemming from this choice and the fitness, health, awareness, care, and skill that I possess and use.

I recognize that by participating in the activities, facilities, programs, and services offered by SUNY College at Brockport Recreational Services, I may experience potential health risks such as transient light-headedness, fainting, abnormal blood pressure, chest discomfort, leg cramps, and nausea and that I assume willfully those risks. I acknowledge my obligation to immediately inform the nearest supervising employee of any pain, discomfort, fatigue, or any other symptoms that I may suffer during and immediately after my participation. I understand that I may stop or delay my participation in any activity or procedure if I so desire and that I may also be requested to stop and rest by a supervising employee who observes any symptoms of distress or abnormal response.

I declare that I read, understood, and agree to the contents of this informed consent agreement in its entirety. I am aware that at any time, I have the right to cancel this membership.

 Signature Date

FOR OFFICE USE ONLY

| | | | |
|---|-----------------|----------------------------|---------------|
| Date _____ | Amt. Paid _____ | PAR Q 1 _____ | PAR Q 2 _____ |
| Receipt # _____ | Pass # _____ | | |
| Expires: 12/16/ 06 _____ | | 5/13/07 _____ | |
| 8/26/07 | | Collected By (print) _____ | |
| Circle One: New or Renewal | | | |
| BE SURE ALL AREAS ON FORM HAVE BEEN COMPLETED (initials) _____ | | | |

PLEASE MAIL THIS APPLICATION TO:
 RECREATIONAL SERVICES
 TUTTLE NORTH B280
 SUNY COLLEGE at BROCKPORT
 350 NEW CAMPUS DRIVE
 BROCKPORT, NY 14420-2989

Make checks payable to: SUNY BROCKPORT- RECREATIONAL SERVICES
 A parking pass is necessary and is available for purchase from the Welcome Center for \$35.00 for the year. This CANNOT be prorated.
FOR FURTHER INFORMATION, CALL (585) 395-2681.