

Golden Dome Athletic Center

Effective Jan. 22, 2007

Rutgers University at Newark Recreation
42 Warren Street
Newark, NJ 07102

MEMBERSHIP APPLICATION

Please print:

Name _____ Date of Birth _____
Last (Surname) First Middle Initial

Address _____

City _____ State _____ Zip _____

Day Phone: _____ Evening Phone: _____ E-Mail: _____

Emergency contact: _____ Day Phone: _____ Evening Phone: _____

				PAYABLE TO RUTGERS UNIVERSITY	
CHECK	Member Category	Current Membership	1/2 Year	Full Year	ID
<input type="checkbox"/>	Rutgers Alumnus (must show Alumni Association Card or Diploma)	- - - -	\$ 135.00	\$ 205.00	
<input type="checkbox"/>	Legal Partners of Rutgers Alumni	- - - -	\$ 165.00	\$ 270.00	
<input type="checkbox"/>	Legal Partners of Full-Time Rutgers Employees	- - - -	\$ 135.00	\$ 205.00	
<input type="checkbox"/>	Legal Partners of Full-Time Rutgers Students	- - - -	\$ 165.00	\$ 270.00	
<input type="checkbox"/>	Dependents of Full-Time Rutgers Students/Employees (ages 18-23)	- - - -	\$ 165.00	\$ 270.00	
<input type="checkbox"/>	Police, Firefighters, EMT (Newark and Essex County)	- - - -	\$ 180.00	\$ 295.00	
<input type="checkbox"/>	Full-Time Students of C. H. E. N Institutions	- - - -	\$ 205.00	\$ 345.00	
<input type="checkbox"/>	Full-Time Employees of C. H. E. N Institutions	- - - -	\$ 230.00	\$ 395.00	
<input type="checkbox"/>	Friends of the University (General Public)	- - - -	\$ 265.00	\$ 470.00	
<input type="checkbox"/>	PALS Student	- - - -	\$ 70.00	Per Session	

Lockers – A limited number of storage lockers are available on a first come basis

Students -	-	-	-	-	-	\$ 15.00*	\$ 25.00*
Faculty, Staff and Members	-	-	-	-	-	\$ 20.00*	\$ 35.00*

plus \$ 5.00 key deposit*

There is a \$5.00 Replacement Card Fee

Occasionally, the building, recreation gym and pool hours may be limited because of Intercollegiate Athletic Competitions or Special Events

INFORMED CONSENT AGREEMENT

All recreation participants are expected to consider their personal and physical condition prior to their participation. Such participation involves physical exertion and fundamental skills for that sport or activity, and may involve physical contact. Any participant aware of a condition predisposing them to injury or illness, and in consideration of the inherent physical exertion and possible physical contact involved in participation, must seek the advice of a physician prior to participation. We strongly recommend that all participants have had a complete physical examination within the last two years. However prudent, a physical examination does not insure against injury or illness.

Membership does not provide for health or accident insurance. All members are responsible for their own personal health and accident insurance coverage.

Posted or distributed rules and regulations are designed for the safety and protection of recreation members. Members are responsible to abide by these rules and regulations. Failure to follow these rules and regulations could result in the termination of the recreation membership with limited or no refund.

Do you have any health concerns of which we should be aware (such as Asthma, Diabetes, Epilepsy, Heart condition?)

YES _____ **NO** _____ *If yes, please ask to confer with a supervisor.*

I have read the above statement and agree with all conditions contained therein.

NO REFUNDS

Member Signature: _____ Date: _____

Processed by: _____ Receipt# _____ Date: _____

For Office Use Only

Paid: \$ _____ Cash _____ Check# _____ or MO# _____ +GP _____ / _____

Quantity \$ Amount

Recorded by: _____ Full Year/ 6 Months Only Valid To: ____/____/____ Member# _____