

## CRS MEMBERSHIP APPLICATION 2021-22

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ CRS ID# \_\_\_\_\_ (Not AU ID)

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

ALUMNI	FUN w/ FAMILY*	COMMUNITY
<input type="radio"/> New (free )Grad Yr. _____ <input type="radio"/> Young Grad Yr. _____ <input type="radio"/> Alum Grad Yr. _____ <input type="radio"/> Spouse <input type="radio"/> Dependent Age: _____ (17-25 yrs.) <input type="radio"/> College Student Summer	<p><b>*AU member name required</b></p> <input type="radio"/> Spouse <input type="radio"/> Dependent Age: _____ (17-25 yrs.) <input type="radio"/> Parent <input type="radio"/> Sibling Age: _____ (17-25 yrs.) <input type="radio"/> College Student Summer <p><b>*AU Member Name:</b>                      _____</p> <p><b>AU member affiliation: circle</b>  <b>Stud / Fac / Staff</b></p>	<input type="radio"/> Member <input type="radio"/> Spouse <input type="radio"/> Dependent Age: _____ (17-25 yrs.) <input type="radio"/> Senior Discount (10%) (60+ yrs.) Age: _____ <input type="radio"/> AFP (approval req'd) <input type="radio"/> 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 Programs. I understand that a pre-participation screening and a physician's clearance form are required annually in order to participate in the CRS membership program. I understand also that Adelphi Recreation Department's CRS membership intake policy requires prospective members who display certain health risk factors to meet with one of their exercise counselors. Recommendations may be made for participation in the Adelphi Adult Fitness Program. Adelphi University reserves the right to require compliance with our standards and policies in the implementation this intake protocol, 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, (print name) \_\_\_\_\_, 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: \_\_\_\_\_

<b>OFFICE USE:</b>	Date rec'd _____	Payment _____	Proof _____	PPHS _____	Med clearance _____
	Receipt #: _____			Membership Expiration Date: _____	