



Date Received _____

Membership Form

Club Sport Team _____
Name (Last, First) _____ Birth Date _____
Student ID Number W # _____ Year in School _____
Current Address _____
Phone _____ Cell Phone _____
Email _____
Parent Information:
Name _____ Phone _____
Address _____
Full Time Student 12 credit hours Yes No
Part-time Student 6 or more credit hours Yes No

Personal Medical Insurance
Do you have medical insurance? Yes _____ No _____
If yes complete information below
Insurance Company _____ Group# _____
Policy Holders Name _____ Policy # _____
Emergency Contact _____ Emergency Contact # _____
Allergies _____
Medications _____
Medical Conditions _____

***I verify that all the information given on this form is current and correct to the best of my knowledge.**

***I authorize Campus Recreation and the University to notify my parents/guardian in case of an emergency**

Signature _____ **Date** _____

