



Date Received \_\_\_\_\_

**2009-2010 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 #** \_\_\_\_\_

**\*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 Emergency contact/parents/guardian in case of an emergency.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_