RECREATIONAL SPORTS TENNIS CENTER

TENNIS CENTER MEMBERSHIP FORM

Primary Household Member Information

Last Name:_____ First Name:_____ Initial:_____

Address:_____ City:_____ State:_____ Zip:_____

Cell Phone: _____ Home: _____ Email:_____

Emergency Contact Name: _____ Emergency Phone: _____

Additional Family Members

Memberships include legal dependents under 18 years of age. Please note that All dependents 16 and under must be accompanied by a legal guardian or IU Tennis Center employee at all times. Dependents 12 and under cannot access the fitness area. Dependents 13-17 may access the fitness area but must be accompanied by a legal guardian or employee at all times.

Spouse/Partner:_____ Birth Date:_____Gender:_____

Dependent:_____ Birth Date:_____Gender:_____

Dependent:_____ Birth Date:_____Gender:_____

Dependent:_____ Birth Date:_____Gender:_____

Membership Type

Memberships expire 1 year from date of purchase, are non-transferable and non-refundable. IU Students and Faculty/Staff members must present a valid IU ID every year. Affiliation with IU is subject to verification. Members are required to pay difference in rates if affiliation cannot be verified.

- ☐ IU Student Individual ($46)
- ☐ IU Student Family* ($72)
  **Student must be head of household*
- ☐ IU Faculty/Staff Individual ($94)
- ☐ IU Faculty/Staff Family ($144)
- ☐ Public Individual ($113)
- ☐ Public Family ($173)
- ☐ Junior - Single ($63)

Use of facilities by Indiana University faculty, staff, students and other authorized guests is at your own risk

PLEASE PRINT FORM BEFORE COMPLETING SECTION BELOW.

Entering Courts: To safely enter courts, wait near the net until you are acknowledged and play is stopped, then quickly pass through. Stop at each court. Please do not walk behind players or backdrops. _____(Initials)

Accidents Involving Minors: In the event of accident requiring intervention from trained RS staff, I give my consent for my child(ren) to be treated by trained staff if I am not in the facility or reachable by phone. _____(Initials)

Cancellations: Informal reservations must be canceled at least 3 hours in advance to avoid being charged the full court rate. Lessons must be canceled at least 24 hours in advance to avoid being charged the full lesson rate. _____(Initials)

I verify that I understand that I am participating at my own risk and attesting to my physical fitness to participate. In consideration for the acceptance of my membership, I, for myself, my executors, administrators, and assignees, do hereby release and discharge Indiana University, the Division of Recreational Sports, the Student Recreational Sports Association, their employees, officers, board members, and all individuals assisting all program areas from claims of damages, demands, and actions whatsoever, in any manner or growing out of my participation. I certify that I assume and will pay my own medical and emergency expenses in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expense, and that I am physically fit to participate in this event.

In addition, I accept responsibility for notifying Campus Recreational Sports of any change that would nullify eligibility for household status with this membership. I understand Campus Recreational Sports also reserves the right to re-verify eligibility for household status at any time. Refunds or cancellations will be given only for medical reasons or relocation. The relocation must be beyond a 50-mile radius of Bloomington.

Signature:_____ Date:_____

FOR OFFICE USE ONLY

Date:_____ Member Services Rep Initials:_____ New Membership Exp. Date in CA: _____

Payment Amount: _____ Payment Method (circle one): CASH CHECK CREDIT CARD