

# Northern Michigan University Recreation Membership Form

Name (First) \_\_\_\_\_ (MI) \_\_\_\_\_ (Last) \_\_\_\_\_ (Previous) \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Birthdate \_\_\_\_\_ Gender M / F Email \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Office Use  
Only

\$ \_\_\_\_\_

Please check only one:

One Month                       Youth                       NMU Affiliated \_\_\_\_\_  
 Three Month                       MGH                       NMU Faculty/Staff Dept. \_\_\_\_\_  
 NMU Retiree/Adj.                       Resident                      IN \_\_\_\_\_

(Last Name)	(First Name)	(MI)	Gender	Birthdate	Office Use Only
					IN#/Memb. ID
Spouse _____			M / F	____/____/____	_____ \$ _____
Child _____			M / F	____/____/____	_____ \$ _____
Child _____			M / F	____/____/____	_____ \$ _____
Child _____			M / F	____/____/____	_____ \$ _____

## Locker Information

I understand that this locker is for my use only until \_\_\_\_\_. On this date, property remaining in this locker will be determined abandoned property (University Ordinance #18) and will be held for 60 days at the PEIF and then disposed of. NMU reserves the right to enter the locker for cleaning, maintenance and/or the recovery of University property.

I acknowledge that I received a lock and towel with this locker and I am aware that I will be charged a fee for each lock and towel that is not returned on or by the date listed above. PEIF passes are non-transferable. Room #156 is a Family/All Gender shower and changing room.

M \_\_\_\_\_ - Combo \_\_\_\_/\_\_\_\_/\_\_\_\_                      W \_\_\_\_\_ - Combo \_\_\_\_/\_\_\_\_/\_\_\_\_

\$ \_\_\_\_\_

M \_\_\_\_\_ - Combo \_\_\_\_/\_\_\_\_/\_\_\_\_                      W \_\_\_\_\_ - Combo \_\_\_\_/\_\_\_\_/\_\_\_\_

Total:

Signature \_\_\_\_\_

\$ \_\_\_\_\_

### FOR PEIF USE ONLY

Date of Payment _____	Date of Payment _____
Amount _____ Method _____	Amount _____ Method _____
Initials _____	Initials _____

Date of Payment _____	Date of Payment _____
Amount _____ Method _____	Amount _____ Method _____
Initials _____	Initials _____

Expiration Date \_\_\_\_\_

# Recreation Membership Guidelines

In consideration of my use of the PEIF Rec Center, equipment, facilities and programs, I agree, on behalf of myself, spouse or anyone else listed on my membership form to:

- Use of recreation facilities, programs and services is a privilege. **Valid university or membership identification is required of all students, faculty/staff, and community members for use in all facilities.** Fraudulent use of identification to gain access to recreation facilities or programs will result in loss of all facility and program privileges.
- Harassment of university students, faculty, staff, members, guests or employees, disruption of activities, misuse of equipment, endangerment of others or willful destruction of property will result in loss of privileges and/or disciplinary actions involving NMU Public Safety.
- Participation in programs, classes, and informal recreation contains an element of inherent danger including serious injury or even death. Participation in all activities is on a voluntary basis at the individual's own risk. All participants are strongly encouraged to undergo a physical examination and consult with their personal physician before participating in recreational activities.
- Policies specific to recreational areas within the PEIF Recreation Complex (ie. pool, fitness studios, rec center, climbing wall, etc.), Berry Events Center, and Superior Dome can be found online at [nmu.edu/recreation](http://nmu.edu/recreation) or at the Rec Center Info Desk.

## Youth Guidelines

- Youth members age 12 -14 that are part of a family membership or have a youth membership may be in the facility without a parent present.
- Individuals under age 12 must have a parent guardian over age 18 present at all times with them in the facility, regardless of membership type.
- Youth members must have up to date parent contact information on file at all times.

I acknowledge that I have read and understand the information above.

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Parent Contact Name

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Parent Contact Number

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Signed

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Date