

Membership Application

Department of Recreational Sports

2008-2009 Membership Application

Date: ___/___/___		DOB: ___/___/___		DL/UTD ID# _____	
mm	dd	yy	mm	dd	yy
Last Name: _____			First Name: _____		
Email Address: _____					
Dept: _____			Mail Station: _____		
Home Address: _____					
City: _____		State: _____		Zip: _____	
Home Phone: _____			Work Phone: _____		
Emergency Contact: _____					
(First Name, Last Name)					
Address: _____					
Phone (Day): _____			Phone (Night): _____		
Medical Information:					
Allergies: _____					
Current Medications: _____					
Special Health Needs: _____					
Check One: Fac/Stf <input type="checkbox"/> Spouse/Domestic Partner <input type="checkbox"/> Community User <input type="checkbox"/>					
Alumni <input type="checkbox"/> Student <input type="checkbox"/>					

The University urges all users of the Student Activity Center to act in such a manner as to protect their own safety and the safety of others. The University further requires that all persons who **participate in activities do so at their own risk and that each user sign the following agreement prior to use of the Student Activity Center.**

"I fully understand that my use of the Student Activity Center is purely voluntary. I desire to participate and agree to act in a reasonable and prudent manner. As a condition to my use of the Student Activity Center, I waive and release the State of Texas, The University of Texas System, The University of Texas at Dallas and their officers, employees and agents from any claim that I may have for any damage to property or injury to my person that may result in whole or in part from my use of the Student Activity Center facilities. I understand the University does not either expressly or impliedly require my participation in these activities."

Privacy Statement

With few exceptions, you are entitled on your request to be informed about the information U. T. Dallas collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review the information. Under Section 559.004 of the Texas Government Code, you are entitled to have U. T. Dallas correct information about you that is held by us and that is incorrect.

Signature: _____ Date: _____

OFFICE USE ONLY	
Date Received: _____	
Payment Type: <u>Cash</u> <input type="checkbox"/> <u>Check</u> <input type="checkbox"/> <u>Credit Card</u> <input type="checkbox"/> <u>Comet Card</u> <input type="checkbox"/> <u>Payroll Deduction</u> <input type="checkbox"/>	
Amount: _____	
Expires: <u>8/20/2009</u>	