

# MTSU RECREATION CENTER MEMBERSHIP

MEMBERSHIPS ARE NON-REFUNDABLE  
THE RECREATION CENTER POLICY MANUAL IS AVAILABLE ONLINE AT <http://www.mtsu.edu/camprec/>

Student  Alumni  Retiree  Affiliate  BRAA

Faculty  Staff  Adjunct Faculty  Temporary/Part Employee

Campus Department \_\_\_\_\_ Phone \_\_\_\_\_

PLEASE PRINT CLEARLY

NAME FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ MTSU M or REC NUMBER \_\_\_\_\_

ADDRESS STREET \_\_\_\_\_ APARTMENT \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE HOME (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ WORK (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

EMAIL \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION:

NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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## FAMILY PLAN INFORMATION

Spouse

NAME FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ REC NUMBER \_\_\_\_\_

EMAIL \_\_\_\_\_

Dependents

NAME FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ REC NUMBER \_\_\_\_\_

NAME FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ REC NUMBER \_\_\_\_\_

NAME FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ REC NUMBER \_\_\_\_\_

NAME FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ REC NUMBER \_\_\_\_\_

**VEHICLE INFORMATION**

Make \_\_\_\_\_ Model \_\_\_\_\_ State \_\_\_\_\_ Color \_\_\_\_\_ Tag \_\_\_\_\_  
Make \_\_\_\_\_ Model \_\_\_\_\_ State \_\_\_\_\_ Color \_\_\_\_\_ Tag \_\_\_\_\_  
Make \_\_\_\_\_ Model \_\_\_\_\_ State \_\_\_\_\_ Color \_\_\_\_\_ Tag \_\_\_\_\_  
Make \_\_\_\_\_ Model \_\_\_\_\_ State \_\_\_\_\_ Color \_\_\_\_\_ Tag \_\_\_\_\_

All information on this application is true and complete.

Family members 18 years and older are required to sign this membership form before membership can be activated.

By signing below, I acknowledge that I release, discharge, and hold harmless Middle Tennessee State University, the State of Tennessee and Tennessee Board of Regents from any and all liability or claim of liability, whether for personal injury, property damage, or otherwise, arising out of or in connection with my participation in Recreation Center use. I understand this release of liability and informed consent.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF SPOUSE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF DEPENDENT (18 years and older)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF DEPENDENT (18 years and older)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF DEPENDENT (18 years and older)

\_\_\_\_\_  
DATE

**OFFICE USE ONLY**

**Staff Member Initials:**

**Date:** \_\_\_\_\_

\_\_\_\_\_ **Membership Payment Received**

\_\_\_\_\_ **Membership Activated in ID System**

**Comments:**

**Campus Recreation**  
MTSU P.O. Box 556  
Murfreesboro, Tennessee 37132  
(615) 898-2104



## **CHILDREN UNDER 16**

Children under age 16 are not allowed to use the weight room or any of the cardio equipment on the track or in the cardiovascular area.

Children under age 16 must be accompanied by an adult 18 years of age or older at all times.

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Signed

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Date