



ATHLETICS AND RECREATION COMPLEX

Approved _____ Start Date _____

Date _____ Expiration _____

MEMBERSHIP APPLICATION

Name _____ Social Security # _____

Address _____ Sex: Male Female

City _____ State _____ Zip _____

Telephone (_____) _____ E-Mail _____

Membership Category: Check the Appropriate Boxes

- | | | | | | |
|--|--|--|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> Community | <input type="checkbox"/> \$600/yr. | <input type="checkbox"/> \$500 each additional family member | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| <input type="checkbox"/> Baruch Faculty/Staff | <input type="checkbox"/> \$275/yr. | <input type="checkbox"/> \$175 each additional family member | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| <input type="checkbox"/> Baruch Alumni | <input type="checkbox"/> \$350/yr. | <input type="checkbox"/> \$250 each additional family member | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| <input type="checkbox"/> Continuing Studies
(Certificate Program) | <input type="checkbox"/> \$350/yr. | <input type="checkbox"/> \$250 each additional family member | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| <input type="checkbox"/> CUNY Faculty/Staff | <input type="checkbox"/> \$400/yr. | <input type="checkbox"/> \$300 each additional family member | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| <input type="checkbox"/> CUNY Alumni | <input type="checkbox"/> \$450/yr. | <input type="checkbox"/> \$350 each additional family member | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| <input type="checkbox"/> Graduate Center Student | <input type="checkbox"/> \$350/yr. | <input type="checkbox"/> \$250 each additional family member | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| <input type="checkbox"/> Senior Citizen | <input type="checkbox"/> \$450/yr. | | | | |
| <input type="checkbox"/> Dip Pass | <input type="checkbox"/> \$100/11 visits | | | | |

- All memberships are issued on an annual basis, valid from the date the application is received and processed.
- Family memberships may include spouse and dependent children between the ages of 17 and 21.
- All membership fees are nonrefundable, and all memberships are nontransferable.

Please list additional family members:

Name _____ SS # _____ Relationship _____ Age _____

Name _____ SS # _____ Relationship _____ Age _____

Name _____ SS # _____ Relationship _____ Age _____

Name _____ SS # _____ Relationship _____ Age _____

Emergency Contact Name: _____ Telephone # (_____) _____

PAYMENT: Check, Money Order, and Credit Card (Amex, VISA, or Mastercard) accepted

Card _____ Card # _____ Expiration Date _____

Check # _____ Amount \$ _____

ARC MEMBERSHIP APPLICATION *(continued)*

The undersigned hereby stipulate that they are over 17 years of age, physically sound, and wish to use the Athletics and Recreation Complex (ARC). The undersigned hereby agree that all of the activities in which they participate in the ARC will be undertaken by them at their sole risk and that Baruch College shall not be liable to them or anyone claiming through them for any claims, demands, injuries, damages, actions, or cause of the College's facilities. The undersigned hereby expressly and forever release and discharge the College, its officers, servants, agents, students, and employees with respect thereto. The undersigned further agree that they will hold harmless and defend the College, its officers, servants, agents, students, or employees from and with respect to any loss, claims, demands, injuries, damages, or liability caused by their negligence while on or using the College's facilities. The undersigned further certify that they have sufficient medical and hospital insurance to cover any medical treatment that may be necessitated by injuries sustained while on the College's property and recognize that the College has relied on this representation in approving their membership application. If the undersigned have applied for membership on behalf of minor children or dependents, they hereby agree to the foregoing waivers on behalf of such minors and make the foregoing representations on their behalf. The undersigned agrees to release, discharge, and hold Baruch College and its officers, servants, agents, students, and employees completely harmless with respect to any claim for injury or damage to any such minor's person or property.

Print Name _____ **Print Name** _____

Signature _____ **Signature** _____

Print Name _____ **Print Name** _____

Signature _____ **Signature** _____