

CONTINUING EDUCATION

**UNIVERSITY OF NORTH GEORGIA
LAKER SOCIETY MEMBERSHIP FORM**

Name:		
Address:		
City:	State:	Zip:
Check one: <input type="checkbox"/> New membership <input type="checkbox"/> Renewal		
Home Phone:	Work Phone:	
Cell Phone:	E-mail:	
Employer:		
Spouse's Name:		
Spouse's Employer:	Work Phone:	
Children under 18, who live with you at home, who will be visiting the facility with you and/or your spouse: NOTE: IT IS FITNESS CENTER'S POLICY THAT CHILDREN UNDER THE AGE OF 16 ARE NOT ALLOWED IN THE WORKOUT AREA BUT ARE ALLOWED IN POOL & GYMNASIUM. _____ _____		
Have you or any members of your family attended Gainesville State College/UNG? Yes / No If so, when? _____ Name used if different than current name: _____		
NOTICE! Pool and fitness center hours vary each semester according to academic class schedules and seasonal conditions. Hours are subject to change without notice. WHEN CLASSES ARE NOT IN SESSION (i.e. semester breaks) THE CAMPUS IS CONSIDERED CLOSED AND FITNESS CENTER FACILITIES WILL ALSO BE CLOSED.		
I acknowledge that payment of _____ is NONREFUNDABLE		_____ Initials _____ Date

For office use only:

Card Numbers _____ Number of Parking Passes _____
 Date card(s) issued _____ Issued by _____
 Expiration date _____
 Copy sent to Fitness Ctr _____ Copy sent to Alumni _____

UNIVERSITY OF NORTH GEORGIA FITNESS CENTER
LAKER SOCIETY

PLEASE PRINT ALL INFORMATION CLEARLY.

Name of Adult Participant

Name of Adult Participant

Name of Child	Age (Youth Only)	Date of Birth	Sex
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Name of Child	Age (Youth Only)	Date of Birth	Sex
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Name of Child	Age (Youth Only)	Date of Birth	Sex
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Emergency Phone Number(s) of nearest relative not living with you

List here if participants have any medical conditions we need to be aware of:

PLEASE READ AND SIGN THE WAIVER STATEMENT BELOW
WAIVER OF LIABILITY AND ASSUMPTION OF RISK

In consideration of your accepting this application, I hereby, for myself, my child/children, my heirs, executors and administrators, waive and release any and all rights and claims for damages I or my child/children may have against the University of North Georgia and its representatives, successors and assigns for any and all injuries suffered by myself or my child/children during any activity performed while on the premises of the University of North Georgia.

SIGNATURE*

Adult Participant/ Parent

Date

Adult Participant/ Parent

Date

***No admission will be authorized until waiver is signed by all adults on membership.**

You hereby assume any and all risk of injury, illness, damage or loss that might result.
You also assume all risk of damage, loss or theft to or of any of your personal property.

PLEASE RETURN THIS FORM TO CONTINUING EDUCATION IN THE CE/PA BUILDING
CALL 678-717-3605 WITH QUESTIONS