



The University of Tennessee at Martin Student Membership Application

Name _____
Street Address _____
City _____ State _____ Zip _____
Home Phone # _____
Cell Phone # (Optional) _____
Email _____

Make checks payable to UT Martin

For Office Use Only
Date Paid:
Amount Paid:
Receipt #
Card Made: <input type="checkbox"/> Yes <input type="checkbox"/> No
Card Activation Date:
Card Deactivation Date:
Staff Initials:

MEMBERSHIP OPTIONS

UT Martin students are members of the Student Recreation Center and automatically receive access privileges during the semesters in which they are enrolled upon payment of their activities fees.

- Student Summer Membership** \$35.00
(Applies only when the student is not enrolled in summer classes)
- Student spouse or dependent (ages 16-21)** \$144 annually (\$12 per month)
Spouse/Dependent Name _____
Dependent Birth Date _____
- Student family** \$252.00 annually (\$21 per month)
Spouse Name _____
Spouse Email _____
Dependents Name _____
and Birthdates _____

AGREEMENT

My signature certifies that I understand all policies regarding the use of my Recreation Membership for myself (and family). I understand there a \$5 fee for the membership card and a \$15 replacement fee for lost cards. Also any misuse of the card or violation of any recreation policies may cause my membership privileges to be revoked without refund. All paid fees are **non refundable**.

Neither the University of Tennessee at Martin nor the Office of Campus Recreation accepts any responsibility for ill health or injury sustained while participating in any of the recreational programs. No medical or ambulance expense incurred by a participant will be paid by the Department or by the University. Program participation is on a voluntary basis. Individuals use the facility at their own risk. It is recommended that all participants undergo a prior physical examination and carry some form of health and accident insurance. If an injury does occur, it should be reported to the nearest Campus Recreation staff member. In the event that blood is involved in an injury, that person cannot continue to participate until the wound is properly cleaned and dressed. Any clothing with blood is required to be removed.

Name _____ Signature _____ Date _____