

Brock Center Membership Application

R-MC ID: _____

Name: _____

Address: _____

Phone: H: _____ C: _____ W: _____

Email: _____

Membership

Amount Paid: \$120 _____
Membership Fee – (Alumni 6 or more years) *Membership Fee – (Alumni 1-5 years)*

Dependents: _____ <i>Name</i>	_____ <i>Relationship</i>
_____ <i>Name</i>	_____ <i>Relationship</i>
_____ <i>Name</i>	_____ <i>Relationship</i>
_____ <i>Name</i>	_____ <i>Relationship</i>

Participation in any Brock Center activities and use of the recreational and workout facilities involves a risk of accidental injury. I acknowledge that all Brock Center facilities are used at my own risk. I will assume all risks to my children or myself that may occur during participation in any use of the facilities at the Brock Center.

I have read and understand the above statement.

Signature

Date

Staff Approval

Date