

Simon Recreation Center/Salus Center Membership Application

Campus Recreation, Saint Louis University

Fax or Mail Application to 314-977-3555, 3639 Laclede Ave. St. Louis, MO 63108

Personal Information (Please Print)

New Member Renewal

Name: _____ Banner #/Member # _____

(Special Note: SLU Faculty/Staff, Alumni and Retirees: please provide your Banner ID number above. All other members will be issued a member number)

Home Address: _____ City: _____ State: _____ Zip Code: _____

Primary Phone (____) _____ - _____ Date of Birth: ____/____/____ Gender: _____

E-Mail Address: _____

Membership Classification (Select One)

Faculty/Staff SLU Retiree Clergy SLU Alumni (degree granted)

Spouse Dependent (*Child under age 21*) Friend of SLU (*Must have written approval from the DCR*)

Sponsor's Name: _____ Sponsor's Member #: _____

Sponsor's Affiliation: Student Faculty Staff Alumni Retiree



Duration of Membership

	<u>Year</u>	<u>Month(s)</u>	<u>5x Pass</u>
Faculty/Staff/SLU Retiree/Clergy	<input type="checkbox"/> \$350	<input type="checkbox"/> \$45 × _____	<input type="checkbox"/> \$40
SLU Alumni	<input type="checkbox"/> \$400	<input type="checkbox"/> \$45 × _____	<input type="checkbox"/> \$40
Spouse	<input type="checkbox"/> \$300	<input type="checkbox"/> \$45 × _____	<i>Not Eligible</i>
Dependent	<input type="checkbox"/> \$250	<input type="checkbox"/> \$45 × _____	<i>Not Eligible</i>
Friend of SLU	<input type="checkbox"/> \$450	<input type="checkbox"/> \$45 × _____	<i>Not Eligible</i>

Total Fees:
\$ _____

Payroll Deduction

Continuous membership for FULL-TIME Faculty or Staff members and their spouses/dependents ONLY. SLU employees paid monthly will see \$29.17 deducted per pay period. Employees paid bi-weekly will have \$13.47 deducted per pay period.

PAYROLL DEDUCTION: I authorize the Department of Campus Recreation to continuously collect membership fees using Payroll Deduction and I understand that deductions will continue until I contact the Member Services Coordinator to cancel my membership. I understand that payroll deduction memberships may be cancelled at any time with 30 day written notice.

I have read and agree to the Payroll Deduction terms above (initials): _____

Assumption of Personal Responsibility

User agrees that all physical activities, including the use of weights & any equipment, machinery or apparatus designed for exercise shall be at user's sole risk. Notwithstanding any consultation or use of equipment, facilities or exercise programs which may be provided by Saint Louis University, employees or agents, it is hereby understood that the selection of activities, exercise programs, methods and type of equipment will be user's entire responsibility. Knowing the risks & in consideration of using the facility, user agrees to waive, release & discharge Saint Louis University, its employees/agents from all claims, demands or actions of any kind or nature which may be brought by user or anyone who might make a claim on user's behalf arising out of user's activities & use of any services, equipment, machinery or apparatus provided by University, NOTWITHSTANDING THE NEGLIGENCE OF SAINT LOUIS UNIVERSITY, ITS TRUSTEES, OFFICERS, EMPLOYEES OR AGENTS. User is responsible for becoming familiar with and following all Campus Recreation policies. Noncompliance may result in the suspension of privileges.

I understand that there are **NO REFUNDS or TRANSFERS for all membership types and NO EARLY CANCELLATIONS** for non-payroll deduction membership fees.

Signature _____ Date _____

Staff Use Only

Payment Type: Cash Check Credit Card Payroll Deduction

Entered in Fusion Vitality Box Checked (if applicable)

Staff Initials _____