

Lost Card \_\_\_\_\_  
Replacement Fee Paid \_\_\_\_\_  
Office Use Only

PAID: \_\_\_\_\_ Staff Initial \_\_\_\_\_  
CARD # 6000 \_\_\_\_\_  
Expires \_\_\_\_\_  
Office Use Only

## COLLEGE OF WILLIAM AND MARY APPLICATION FOR RECREATIONAL SPORTS PRIVILEGE CARD 2008-2009

**Please read all policies prior to completing application.**

**CATEGORY:** (check only one)

- \_\_\_ Alumnus/Alumna of William and Mary
- \_\_\_ Spouse of W&M faculty, permanent staff member or Priv Card Holder
- \_\_\_ Additional adult family members (must be age 18 or older)
- \_\_\_ Spouse of currently enrolled W&M full-time student\*
- \_\_\_ W&M part-time student: Expected graduation date (month/year) \_\_\_\_\_
- \_\_\_ Non-College (describe): \_\_\_\_\_

**NAME OF APPLICANT:** \_\_\_\_\_ **PHONE** (home) \_\_\_\_\_  
Last First MI (business) \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_  
Street & No. City St Zip

**BIRTHDATE:** \_\_\_\_\_ **HEIGHT:** \_\_\_\_\_ **WEIGHT:** \_\_\_\_\_ **EYES:** \_\_\_\_\_ **HAIR:** \_\_\_\_\_

**PHYSICAL RESTRICTIONS** (if any) \_\_\_\_\_  
(See Liability Waiver)

**SPOUSE/FAMILY MEMBER INFORMATION** (provide only if Spouse/Family Member category is checked above):

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

**Spouse/family member is:** Student \_\_\_\_\_ Faculty/Staff \_\_\_\_\_ Privilege Card Holder \_\_\_\_\_

**PLEASE CIRCLE ONE** (you must circle one for application to be processed):

	Faculty, Staff, Student, Current Privilege Card Holder	Spouse OR Family Member*	Non-College Affiliate	Part-Time Student** or Staff
12 months	<u>Alum</u> \$250	\$125	\$450	\$112 per year
9 months	\$200	\$125	\$390	\$56 per semester
6 months	\$140	\$ 85	\$280	
3 months	\$ 80	\$ 85	\$145	

\* Fees are for individual spouse and family members of a William and Mary student, faculty, staff or Privilege Card holder, not family as a whole. Family members must be 18 years of age or older.

\*\*If part-time student, registration in class must be for the duration of the membership period.

**Office Use Only:** \_\_\_\_\_ **Data** \_\_\_\_\_

Any alteration of your card is cause of immediate revocation of privileges and loss of payment. Use of another's card is cause for loss of card and removal from premises.

I understand that the facilities covered by the Privilege Card are limited to the areas designated for Recreational Sports and the FitWell Studio in William and Mary Hall (during scheduled fitness class times only. No one under the age of 18 is allowed in these facilities. I also agree to follow all policies, procedures and guidelines set forth by the Recreational Sports department for use of facilities and/or the staff directions for use of same.

I state that the information provided by me is true and accurate and I realize that providing false information is grounds for denial of my application, and agree that failure to follow the facility use guidelines mentioned above and any specific use policies governing each facility will also result in immediate loss of my privileges.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
SSN

\_\_\_\_\_  
Student ID # (if applicable)

**PLEASE READ AND SIGN ATTACHED WAIVER**

**COLLEGE OF WILLIAM AND MARY  
RECREATIONAL SPORTS**

**LIABILITY WAIVER**

I expressly understand and agree to indemnify and save the College of William and Mary and the Commonwealth of Virginia harmless from and against any and all claims, liabilities, costs, expenses, fires, injuries and/or deaths, which arise from or are caused by, in whole or in part, directly or indirectly, the use of College facilities or the activity hereby applied for by the applicant, its employees, servants, agents, invitees, or independent contractees. I further understand that use of College facilities, as a voluntary request, is made at the sole risk of the applicant, and that neither the Recreational Sports department, the College of William and Mary nor the Commonwealth of Virginia, make any representation, expressed or implied, as to the suitability or fitness of such facilities.

I acknowledge that I am in good physical condition and that I will not engage in any activities that may aggravate any present or future physical impairments that I have. I further agree to follow all policies set forth in this document. The Recreational Sports department **strongly** recommends that participants take a physical examination before signing.

\*\*If you have any physical restrictions, your physician **MUST** approve your activity. This form must be accompanied by a letter from your physician approving your activity to include his/her name, address and signature.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Date