Raymond B. Preston Health & Activities Center
Student Family Membership Application

NOTE: Employees are not eligible for student family memberships. Employment status always overrides student status. Only current students who are members of the Raymond B. Preston Health & Activities Center may purchase a Family Membership for their spouse or children.

SPONSORING STUDENT MEMBER INFORMATION:

WKU ID#: __________________________ Name: __________________________________________
Date of Birth: ____ / ____ / ______ E-mail Address: ________________________________________
Home Address: __________________________________________
                                            Street      City       State       Zip
Home Phone: (_____) ______-________ Cell Phone: (_____) ______-________ Office Phone: (_____) ______-________
Emergency Contact: __________________________________________ Phone #: (_____) ______-________

Payment Option: We do not prorate membership fees.

Fee for Spouse/Partner or Parent: $35/per semester __________
Fee for Child/Sibling (under 18): $25/per semester __________
NOTE: Children/Siblings 18 and older fall under the Buddy Membership Category.

TOTAL LUMP SUM PAYMENT: _________________

Payment: __________ Cash __________ Check/Money Order # __________ Credit Card

Please List all Sub-members on the back of this page.

NOTE: Sponsoring members must remain Preston Center members in order for you to maintain your Membership status. All members must have an ID to enter the building. There is a $10 charge for all ID cards made payable at the ID Center. Non-students are eligible for the “Preston Only” Parking Permit available through Parking and Transportation.

I understand and am aware that by using the Preston Center facilities, and services offered by the WKU Department of Intramural-Recreational Sports, I may experience potential health risks including, but not limited to, injury, cramps, transient light-headedness, fainting, abnormal blood pressure, chest discomfort, nausea and possible death. I acknowledge that I should obtain permission from my physician before engaging in any exercise activity, and that I am voluntarily using these facilities and services with the knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.

SIGNATURE: ___________________________ DATE: _____________________________

Office Use Only: ____________________________________________________________ (Staff Signature) This is a family member ‘membership” only ______

Family/Sub-Members Information:

NOTE: Only current WKU Faculty/Staff and students may use their WKU 800#. All others will be assigned a Preston Only 500#.

WKU/Assigned ID#: ___________________________ Name: __________________________________________

Date of Birth: ___/___/_____ Relationship: Spouse____ Child _____ Partner_____ Other_____

E-mail Address: ____________________________________________________________

Home Address: __________________________________________________________

Street City State Zip

Home Phone: (____) ______-_______ Cell Phone: (____) ______-_______ Office Phone: (____) ______-_______

Emergency Contact: ___________________________________________ Phone #: (____) ______-_______

WKU/Assigned ID#: ___________________________ Name: __________________________________________

Date of Birth: ___/___/_____ Relationship: Spouse____ Child _____ Partner_____ Other_____

E-mail Address: ____________________________________________________________

Home Address: __________________________________________________________

Street City State Zip

Home Phone: (____) ______-_______ Cell Phone: (____) ______-_______ Office Phone: (____) ______-_______

Emergency Contact: ___________________________________________ Phone #: (____) ______-_______

WKU/Assigned ID#: ___________________________ Name: __________________________________________

Date of Birth: ___/___/_____ Relationship: Spouse____ Child _____ Partner_____ Other_____

E-mail Address: ____________________________________________________________

Home Address: __________________________________________________________

Street City State Zip

Home Phone: (____) ______-_______ Cell Phone: (____) ______-_______ Office Phone: (____) ______-_______

Emergency Contact: ___________________________________________ Phone #: (____) ______-_______

WKU/Assigned ID#: ___________________________ Name: __________________________________________

Date of Birth: ___/___/_____ Relationship: Spouse____ Child _____ Partner_____ Other_____

E-mail Address: ____________________________________________________________

Home Address: __________________________________________________________

Street City State Zip

Home Phone: (____) ______-_______ Cell Phone: (____) ______-_______ Office Phone: (____) ______-_______

Emergency Contact: ___________________________________________ Phone #: (____) ______-_______