



Raymond B. Preston Health & Activities Center
Summer ONLY Membership Application

NOTE FOR FULL-TIME FACULTY/STAFF: This option is only available to our Full-time faculty/staff that choose to use the Raymond B. Preston Health and Activities Center only during the summer. There are no prorated summer membership fees. All students must purchase a summer membership to gain access to the Raymond B. Preston Health and Activities Center.

WKU/Assigned ID#: \_\_\_\_\_ Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ E-mail Address: \_\_\_\_\_

Home Address: \_\_\_\_\_
Street City State Zip

Home Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Office Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_-\_\_\_\_

NOTE: Semester fees will not be prorated, nor will members receive a renewal notice. Please remember that upon the last day of the semester, your Preston Center ID card will automatically be deactivated unless membership payment and form for the next semester have been completed.

Payment Option:

Student Fee: \$35 \_\_\_\_\_

Students Immediate Family (parent or sibling under 18): \$35 \_\_\_\_ (sibling over 18) Fee: \$70/Buddy \_\_\_\_

Faculty and Staff Fee: \$70 \_\_\_\_\_

Faculty and Staff Spouse Fee: \$70 \_\_\_\_\_

Faculty and Staff Children (under 18) Fee: \$25 \_\_\_\_ (over 18) Fee: \$70/Buddy Membership \_\_\_\_

TOTAL LUMP SUM PAYMENT: \_\_\_\_\_

Payment: \_\_\_\_\_ Cash \_\_\_\_\_ Check/Money Order # \_\_\_\_\_ Credit Card

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

I understand and am aware that by using the Preston Center facilities, and services offered by the WKU Department of Campus Recreation & Wellness, 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 \_\_\_\_\_

CSI \_\_\_\_\_ MEMLIST \_\_\_\_\_ Audit Report \_\_\_\_\_ LIST SERVE \_\_\_\_\_

## ***Family/Sub-Members Information:***

**NOTE: All members must have an ID to enter the building. Only current WKU Faculty/Staff and students may use their WKU 800#. All others will be assigned a Preston Only 500#. There is a \$10 charge for all Preston Center ID's. Non-employees/current students are eligible for the "Preston Only" Parking Permit available through Parking and Transportation.**

**WKU/Assigned ID#:** \_\_\_\_\_ **Name:** \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Relationship: Spouse \_\_\_\_\_ Child \_\_\_\_\_ (age) 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 \_\_\_\_\_ (age) 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 \_\_\_\_\_ (age) 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 \_\_\_\_\_ (age) Partner \_\_\_\_\_ Other \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Office Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_