



Raymond B. Preston Health & Activities Center
Buddy Membership Application

NOTE: Only members of the Raymond B. Preston Health & Activities Center may purchase a Buddy Membership for their children or grandchildren (19 and over), a friend or significant other. Sponsoring members must remain Preston Center members in order for you to maintain your Buddy Membership status. Eligible members will receive a renewal notice two weeks prior to termination date. Please remember that upon your expiration date, your Preston Center ID card will automatically be deactivated unless membership payment and form have been completed. All members will have to 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 ID cards made payable at the ID Center. Non-employees/current students are eligible for the "Preston Only" Parking Permit available through Parking and Transportation.

SPONSORING 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 #: (____) ____ - ____

BUDDY INFORMATION:

Assigned #: _____ Name: _____
Date of Birth: ____ / ____ / ____ E-mail Address: _____
Home Address: _____
Street City State Zip
Home Phone: (____) ____ - ____ Cell Phone: (____) ____ - ____ Office Phone: (____) ____ - ____
Emergency Contact: _____ Phone #: (____) ____ - ____
Membership Classification: _____
Sponsoring Member Signature: _____

Payment Option:

Annual Fee: \$300 _____

TOTAL LUMP SUM PAYMENT: _____

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

Please read and sign the consent form on the back.

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: _____