



**Program Registration, Confirmation and Receipt**

Please print the following information for the program you would like to register for.  
(Limit one registration form per program.)

**Participant Information**

First and Last Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 City, State Zip \_\_\_\_\_ Email \_\_\_\_\_  
 Are you a CMU Student, Faculty or Staff?  Yes  No Campus ID # \_\_\_\_\_  
 If "no", do you have a SAC Membership?  Yes  No (URec Verified : \_\_\_\_\_)  
 What type:  Individual  Family

**Program Enrollment** Please check appropriate box for program you would like to register for.

**Intramural Sports**

**Sport/Event:** \_\_\_\_\_  
**League Information:**  Co/Rec  Men's  Women's  Res Hall  IFC  Sorority  
 SUN \_\_:\_\_ A/P  MON \_\_:\_\_ A/P  TUE \_\_:\_\_ A/P  
 WED \_\_:\_\_ A/P  THUR \_\_:\_\_ A/P  
**Team Name:** \_\_\_\_\_  
**Assistant Captain Information:** First and Last Name \_\_\_\_\_  
 Phone Number (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_ Campus ID # \_\_\_\_\_

**Learn to Swim**

| Swimmer's Name | Age | Session | Class Name | Day | Time   | Cost |
|----------------|-----|---------|------------|-----|--------|------|
|                |     |         |            |     | to A/P |      |
|                |     |         |            |     | to A/P |      |
|                |     |         |            |     | to A/P |      |
|                |     |         |            |     | to A/P |      |

**Personal Training**

Trainer: \_\_\_\_\_

**Maroon Package (Intro)**

Fitness Assessment: \_\_\_\_/\_\_\_\_/\_\_\_\_ : A/P  
 1<sup>st</sup> Personalized Session: \_\_\_\_/\_\_\_\_/\_\_\_\_ : A/P  
 2<sup>nd</sup> Personalized Session: \_\_\_\_/\_\_\_\_/\_\_\_\_ : A/P

**Gold Package (Renewal)**

Personalized Session \_\_\_\_/\_\_\_\_/\_\_\_\_ : A/P  
 Personalized Session \_\_\_\_/\_\_\_\_/\_\_\_\_ : A/P  
 Personalized Session \_\_\_\_/\_\_\_\_/\_\_\_\_ : A/P

**Fitness Assessment/Body Fat** Appointment Schedule: \_\_\_\_/\_\_\_\_/\_\_\_\_ : A/P

**Wellness Program** Event: \_\_\_\_/\_\_\_\_/\_\_\_\_ : A/P

**Group Fitness**  1-punch  8-punch  24-punch  Unlimited  Specialty

**CPR & First Aid** Class: \_\_\_\_/\_\_\_\_/\_\_\_\_ : A/P

**Lifeguard** Class: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_ A/P

**Special Event** Event: \_\_\_\_/\_\_\_\_/\_\_\_\_ : A/P

**Youth and Family Program** Event: \_\_\_\_/\_\_\_\_/\_\_\_\_ : A/P

**Informed Consent and Release**

Participation in University Recreation programs is on a voluntary basis. I, the undersigned, hold University Recreation and Central Michigan University harmless from liability for any and all medical and/or accident expenses which may incur during my or my dependants use of Central Michigan University's facilities. I acknowledge that utilization of these facilities carries with it the potential for disability, death, or other serious injury. I waive, release, and discharge Central Michigan University, its Board of Trustees and employees from claims, actions, damages, and liability for personal injury or damage relating to the use of the facility, except where the injury or damage is caused by the sole negligence of Central Michigan University.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

|  |                              |                    |                      |
|--|------------------------------|--------------------|----------------------|
| Amount Paid: \$ _____  | Date Received ____/____/____ | Time ____:____ A/P | URec Initials: _____ |
| Payment: <input type="checkbox"/> Cash/MO <input type="checkbox"/> Check # _____ <input type="checkbox"/> Credit: Visa/MC <input type="checkbox"/> Student Charge <input type="checkbox"/> RH Transfer _____ |                              |                    |                      |