

PRIMARY MEMBER (Georgia Tech Affiliated) PLEASE PRINT CLEARLY				
Today's Date (MM/DD/YYYY)	GTID # (9 digits)	BuzzCard # (6 digits on back of card)		
First Name		Middle Initial	Last Name	
GT Account (gburdell3)		GT Department OR Field of Study		
Local Address (include apartment number)		City	State	Country
ZIP Code				
Primary Phone		Email Address		
Gender	<input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth (MM/DD/YYYY)	T-Shirt Size	
		<input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/>		
Membership Eligibility (check one) <input type="checkbox"/> Faculty/Staff <input type="checkbox"/> Alumni <input type="checkbox"/> GT Affiliate <input type="checkbox"/> GT Retiree           Other: _____				

EMERGENCY CONTACT INFORMATION			
Emergency Contact Name	Contact Phone	Email	Relationship to You

IF YOU ARE ADDING FAMILY MEMBERS TO YOUR MEMBERSHIP, PLEASE COMPLETE THE INFORMATION BELOW

SPOUSE/DOMESTIC PARTNER INFORMATION				
First Name		Middle Initial	Last Name	
GTID #	BuzzCard #	GT Account	T-Shirt Size	
		<input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/>		
Primary Phone	Email Address	Date of Birth (MM/DD/YYYY)	Gender	
		<input type="checkbox"/> M <input type="checkbox"/> F		
CHILD INFORMATION				
Child First Name	Middle Initial	Last Name	Date of Birth (MM/DD/YYYY)	Gender
		<input type="checkbox"/> M <input type="checkbox"/> F		
Child First Name	Middle Initial	Last Name	Date of Birth (MM/DD/YYYY)	Gender
		<input type="checkbox"/> M <input type="checkbox"/> F		
Child First Name	Middle Initial	Last Name	Date of Birth (MM/DD/YYYY)	Gender
		<input type="checkbox"/> M <input type="checkbox"/> F		

PAYROLL DEDUCTION		
I am a benefits-eligible Georgia Tech employee and authorize Georgia Tech to withhold my single membership (\$24 monthly / \$12 bi-weekly) or membership with spouse/domestic partner (\$34 monthly / \$17 bi-weekly) payment from my academic/monthly/bi-weekly paycheck.	<b>Payroll Deduction Action</b> <small>(check all that apply)</small>	<b>Are you a 9-month employee?</b> <small>(circle one)</small>
_____ <small>Signature</small>	<input type="checkbox"/> Start Deduction <input type="checkbox"/> End Deduction <input type="checkbox"/> Start Spouse/Partner Deduction <input type="checkbox"/> End Spouse/Partner Deduction	If you are listed as an 9-month employee in the payroll system, your membership will expire at the end of May. You may extend your membership through the summer term via check or card payment.  <b>Yes</b> <b>No</b>
_____ <small>Date</small>		

**RELEASE AND WAIVER OF LIABILITY AND COVENANT NOT TO SUE**

The undersigned hereby acknowledges that use of the Georgia Institute of Technology Campus Recreation Center (CRC) and its facilities, equipment, grounds and personnel involve inherent risk to health, physical injury (including death) and assumes all risks. The undersigned hereby agrees that for the sole consideration of the Georgia Institute of Technology allowing the undersigned to become a member or a guest of CRC for which the Institute has made available any facilities, equipment, grounds, or personnel, the undersigned does hereby release and forever discharge and agrees not to sue the Georgia Institute of Technology and the Board of Regents of the University System of Georgia, its members individually, and its officers, agents and employees of any and from all claims, demands, rights and causes of action or whatever kind or nature, arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof, resulting from my voluntary use of the CRC. I certify that I have health insurance (including insurance for my minor child[ren] or guardians who use the CRC) and will maintain it all times during the term of my (including children or guardian) membership or use of the CRC.

_____ <b>PRINT Primary Member Name</b>	_____ <b>PRINT Spouse/Domestic Partner Member Name</b>
_____ <b>Signature</b>	_____ <b>Signature</b>
_____ <b>Date</b>	_____ <b>Date</b>