



# University of Wisconsin Stevens Point

## Health Enhancement Center Community/Alumni Aquatic Membership Agreement

### ONE FORM MUST BE COMPLETED FOR EACH MEMBER

Please Print:

Name: \_\_\_\_\_ ID Number: \_\_\_\_\_  
Local Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

#### Type of Member:

- Community       Alumni       Faculty/Staff  
 Child       Senior

#### Membership Type:

- Semester       1 week  
 Academic Year       1 Month  
 12 Months       3 Months  
 12 Months (Family)       6 Months

**UWSP Faculty/Staff**  
Day Pass - \$3  
Semester - \$40  
Academic Year - \$75  
Full Year - \$100  
Full year (family) - \$150

**Community/Alumni**  
Day Pass - \$3  
Seniors/Children - \$2  
1 week - \$10  
1 Month - \$30  
3 Months - \$50  
6 Months - \$75  
Full year - \$135  
Full year (family) - \$250

**TOTAL COST OF MEMBERSHIP(S):** \_\_\_\_\_

I acknowledge that I have read both sides of this document and understand and accept its terms. I understand that as a member, I am required to follow rules and regulations of the UWSP Health Enhancement Center.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of parent/guardian (if under 18 years old):** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### FOR OFFICE USE ONLY

- Cash       Check (# \_\_\_\_\_)

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_