

Campus Recreation

University of South Carolina Student Life

I, _____, request that I be issued an ID card for each of the following individuals who, as my legal dependents of my primary residence, are authorized to use the Blatt Physical Education facilities during recreational hours. Dependents are defined as: 1) your lawful spouse, 2) unmarried children under 19 years of age who are principally dependent upon you for support, which includes a natural or adopted child, stepchild, foster child of a child for whom you have legal custody who reside in your home in a normal parent/child relationship, or for whom you provide support because of a court order, 3) unmarried children who are 19 but less than 25 years of age, a full-time student and principally dependent upon you for support. I am fully responsible for my dependents under the age of 16 and will be participating in the same activity in the same area as my dependent while in the PE Center. Dependents under 16 years of age must be accompanied by a participating adult. Children under 8 must be accompanied by an older escort of the same sex to assist them in the locker room. Dependents are not allowed to bring guests.

Personal Information (Please Print)

Name _____ Date _____
Address _____
City _____ State _____ Zip _____
Daytime Phone _____ Evening Phone _____
Email Address _____ VIP # _____

Please check all that apply:

| | | | |
|----------------------------------|---------------------------------------------|----------------------------------------------|----------------------------------|
| <input type="checkbox"/> Student | <input type="checkbox"/> 3 month membership | <input type="checkbox"/> 9 month membership | <input type="checkbox"/> New |
| <input type="checkbox"/> Faculty | <input type="checkbox"/> 6 month membership | <input type="checkbox"/> 12 month membership | <input type="checkbox"/> Renewal |
| <input type="checkbox"/> Staff | | | |

Dependent Information (Please Print)

| FOR OFFICE USE ONLY | Card # (assigned) | Dependent's Name | DOB (if under 16) | Relationship |
|---------------------|-------------------|------------------|-------------------|--------------|
| | _____ | _____ | _____ | _____ |
| | _____ | _____ | _____ | _____ |
| | _____ | _____ | _____ | _____ |
| | _____ | _____ | _____ | _____ |
| | _____ | _____ | _____ | _____ |
| | _____ | _____ | _____ | _____ |

Agreement

I understand that the dependents listed above are my legal dependents of my primary residence as defined in the above paragraph. I understand that I am fully responsible for my dependents while participating in the Blatt PE Center and agree to abide by all facility policies. I also understand that I must allow Campus Recreation 24 hours to process cards. I understand that neither the University of South Carolina nor the Office of Campus Recreation accepts the responsibility for ill health or injury sustained while participating in the center. I understand that participation is on a voluntary basis. I understand that it is recommended that all persons who participate undergo a physical examination and carry some form of health and injury insurance.

Signature _____

Date _____

For Office Use Only

Expiration Date: _____

Status Check Complete: _____

Department of Student Life/Division of Student Affairs & Academic Support/University of South Carolina

Blatt Physical Education Center Family Membership Form

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