

# Blatt Physical Education Center Plus One of Faculty / Staff Membership Form

1300 Wheat Street • Columbia, SC 29208 • 803.777.5261 • campusrec.sc.edu/PEC/membership

# Campus Recreation

## University of South Carolina Student Life

I, \_\_\_\_\_, request that I be issued an ID card for the following individual, who is authorized to use the Blatt Physical Education facilities during recreational hours. The Plus One status enables full-time faculty and staff to sponsor one other individual living in the same household. Plus One individuals must be at least 18 years old, reside continuously with the employee, and not be in a land-lord tenant relationship with the employee, and must present a Plus One CarolinaCard.

Employee Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**Please check all that apply:**

<input type="checkbox"/> New	<input type="checkbox"/> Plus One of Full-Time Faculty	<input type="checkbox"/> 3 month, \$10	<input type="checkbox"/> 9 month, \$30
<input type="checkbox"/> Renewal	<input type="checkbox"/> Plus One of Full-Time Staff	<input type="checkbox"/> 6 month, \$20	<input type="checkbox"/> 12 month, \$40

**Plus One Information (Please Print)**

Card # (assigned) \_\_\_\_\_ Plus One Name \_\_\_\_\_ Plus One VIP Number \_\_\_\_\_

**Agreement**

I authorize my Plus One's annual membership to the Solomon Blatt Physical Education to be deducted from my USC paycheck in the amount shown above as a one time deduction.

USC Employee's SSN: XXX - XX - \_\_\_\_ - \_\_\_\_ (Needed for Payroll Deduction)

I understand that the deduction will be with the upcoming pay period. I understand that this membership will be cancelled upon separation from university service or by requesting cancellation in writing. Memberships are not transferable nor are they refundable.

\_\_\_\_\_  
USC Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

I agree to abide by all applicable facility policies, and I understand that if I do not comply with said policies I may be asked to leave the facility and my membership may be revoked. I understand that there are risks associated with participation in the physical activities connected with the membership, and I assume full responsibility for any loss, property damage, or personal injury, including death, that I may sustain as a result of my participation in said physical activities. The University recommends that all members undergo a physical examination prior to participation.

\_\_\_\_\_  
Plus One Member Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use Only**

Expiration Date: \_\_\_\_\_ Status Check Complete: \_\_\_\_\_

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