MIT **D**epartment of **A**thletics, **P**hysical **E**ducation & **R**ecreation
Student Membership/Pass Agreement Form

Last Name	**First Name**	Birth Date	M/F	**Work Phone**

Street Address _____ MIT ID # _____

City _____ State _____ Zip Code _____

Phone _____

E-mail _____

Emergency Contact Name	**Relationship**	**Contact Phone Number**

Extra Fee:

Towel Service Card **Complimentary** ☐

Towel Service Card **Extra** ☐ # Purchased _____

PLEASE INITIAL BELOW:

_____ **Member agrees to execute attached Waiver and Release agreement.**

_____ **I have reviewed the Membership Handbook and will comply with the policies of the facility.**

Signature _____ Date of Sale _____