

**** PLEASE READ REVERSE SIDE AND SIGN MEMBERSHIP AGREEMENT ****

**XAVIER UNIVERSITY
O'CONNOR SPORTS CENTER
MEMBERSHIP APPLICATIONS**

OFFICE USE ONLY

**MUST BE 18 YEARS OLD
AND PRESENT VALID
PHOTO IDENTIFICATION TO
PURCHASE OSC MEMBERSHIP**

PLEASE PRINT

Name _____

New member Renewing member

Address _____

City _____ State _____ Zip _____

E-mail address _____

Xavier Mail Location # _____ Photo ID _____

Home phone _____ Work phone _____ Cell Phone _____

Card No. _____

Expires _____

Locker No. _____

Expires _____

Parking permit No. _____

Expires _____

Towel service _____

Expires _____

SPORTS CENTER MEMBERSHIP - PLEASE MAKE CHECKS PAYABLE TO XAVIER UNIVERSITY.

- A. XU Faculty/Staff (Full-Time only and XU ROTC) Dept. _____
All XU employees **MUST** purchase an OSC membership, even if taking part-time classes.
- B. Adjunct Faculty **(ONLY WHEN CURRENTLY TEACHING)**
- C. XU Alumni Year graduated _____
- D. Non-Affiliated
- E. Summer Membership
- F. Daily \$10 (Use receipt for admittance.) Weekly \$40 (Use receipt for admittance.) Monthly \$100
- G. Corporate membership-Please register in main office. Company name _____
- H. Senior citizen discount - 65 years and older. *10% taken off total fees

Individual Family

	SEM	6 MO.	YEAR	SEM	6 MO.	YEAR
A	.....	.....	\$100	.....	.....	\$170
B	\$35	.....	.....	\$50	.....	.....
C	.....	\$175	\$250	.....	\$260	\$350
D	.....	\$250	\$425	.....	\$330	\$500
E	\$100	.....	.....	.....	.....	.....

TOWEL SERVICE - INDIVIDUAL BASIS \$35/year/per person \$20/6 month/per person \$1/day

Name of recipients _____

FREE PARKING PERMIT

One free permit included with one-year, six-month and fac/staff spouse memberships (mailed out).

ADDITIONAL PARKING PERMIT

One-year or six-month membership parking pass \$15 Monthly or summer membership parking pass \$10 Day parking \$1/day

NOTE: Monthly, weekly, summer and day passes will be issued at front desk at time of purchase.

FAMILY MEMBERS

Immediate family members for membership types A/B/C/D: husband, wife, children (under age 21) living at home. No nieces, nephews, grandchildren or married children, etc.

(Name) _____ (Relationship) _____ (Name) _____ (Relationship) _____

(Name) _____ (Relationship) _____ (Name) _____ (Relationship) _____

(Name) _____ (Relationship) _____ (Name) _____ (Relationship) _____

PERMANENT LOCKER

- Student men's locker \$12/year \$6/six months Student women's locker \$12/year \$6/six months
- Faculty men's locker \$30/year \$15/six months Faculty women's locker \$30/year \$15/six months

COMPLETED BY EQUIPMENT ROOM STAFF

RECEIPT N/A C/CC F/S ALU/BEL STU

OSC _____ Towel _____
Locker _____ Parking _____
Employee _____ TOTAL _____
Date _____

Name _____
OSC amount _____ Towel amount _____
Locker amount _____ Expires _____
Date _____ Employee _____
Parking _____

MEMBERSHIP AGREEMENT

This membership is not transferable, cancelable or refundable, and is subject to all conditions appearing herein. Members must follow any and all rules and regulations established by Xavier University and the O'Connor Sports Center and any changes or amendments thereto. It is also agreed O'Connor Sports Center reserves the right to reject this application.

A current O'Connor Sports Center membership card is required to enter the sports center.

The O'Connor Sports Center is made available for your personal fitness needs. This should be undertaken by you at your own risk, and the O'Connor Sports Center shall not be liable for any claims, demands, injuries, damages, actions or causes of action, to you or your property arising out of or connected with the use of the services, facilities or premises of the O'Connor Sports Center. And I do hereby forever release and discharge the said O'Connor Sports Center from all claims, demands, injuries, damages, actions or causes of action, and from all acts of active or passive negligence on the part of such facility, university, its servants, agents, or employees.

It is advisable to use the guidance of your physician in conjunction with and prior to any activity. It is the responsibility of each member to carry his or her own personal insurance in case of physical injury or loss of property. Upon signing this agreement, the undersigned certifies that he or she is in adequate condition for physical activity.

I, the undersigned, do hereby apply for membership in the O'Connor Sports Center. I have read carefully and fully understand the membership agreement on this page and will comply with all of its conditions.

Signature _____ Date _____