University of Chicago Recreational Facilities - Membership Services

Please make note of the following before purchasing your membership:

- The recreational facilities are not open 365 days per year. The facilities are closed for some (but not all) University holidays - occasionally for multiple days. All facilities closures will be communicated at the beginning of each quarter.

- The weight room in Henry Crown is now closed multiple hours per day for varsity use only. The schedule will change throughout the year, but the weekly schedule will be posted at various locations prior to 8:00 am on Mondays. The schedule can be found at the Henry Crown front desk, directly outside of the weight room, and online at http://athletics.uchicago.edu/facilities/hcfh/index

- The Henry Crown Field House is closed during the summer quarter.

- Please review the General Information packet provided for more rules and policies.

Department of Athletics and Recreation
## Membership Application

**Date:**
- New Membership: [ ]
- Renewal: [ ]

**First Name:**
- Middle Initial:
- Last Name:

**Current Local Address:**

**City:**
- State:  
- ZIP Code:

**Telephone:** ( )
- Date of Birth:
- Gender: [ ] Male [ ] Female

### AFFILIATION
- [ ] Student
- [ ] Faculty/Staff
- [ ] Alumni
- [ ] Laboratory Schools Parent
- [ ] Other:

**[ ] Student Spouse - please print name of spouse:**

**[ ] Faculty/Staff/Alumni Spouse - please print name of spouse:**

**[ ] Plus One - please print name of sponsor:**

**[ ] Child - please print name of parent/guardian:**

### MEMBERSHIP FEES

**Membership Information**

<table>
<thead>
<tr>
<th>Membership Details</th>
<th>RATNER &amp; HENRY CROWN</th>
<th>HENRY CROWN ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Full Year</td>
<td>3 Months</td>
</tr>
<tr>
<td>Registered Student</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Registered Student Spouse (needs proper documentation)</td>
<td>$130</td>
<td>$60</td>
</tr>
<tr>
<td>Non-Registered Student (needs Manager's approval)</td>
<td>$300</td>
<td>$125</td>
</tr>
<tr>
<td>Non-Registered Student Spouse (needs Manager's approval)</td>
<td>$300</td>
<td>$125</td>
</tr>
<tr>
<td>Faculty/Staff</td>
<td>$445</td>
<td>$190</td>
</tr>
<tr>
<td>Faculty/Staff Spouse (needs proper documentation)</td>
<td>$445</td>
<td>$190</td>
</tr>
<tr>
<td>Retired Faculty/Staff</td>
<td>$220</td>
<td>$110</td>
</tr>
<tr>
<td>Retired Faculty/Staff Spouse (needs proper documentation)</td>
<td>$220</td>
<td>$110</td>
</tr>
<tr>
<td>Alumni (needs Alumni Card)</td>
<td>$545</td>
<td>$235</td>
</tr>
<tr>
<td>Alumni Spouse (needs proper documentation)</td>
<td>$545</td>
<td>$235</td>
</tr>
<tr>
<td>Child (18-22) (needs verification)</td>
<td>$130</td>
<td>$75</td>
</tr>
<tr>
<td>Child (13-17) (needs Parent/Guardian information and signature)</td>
<td>$130</td>
<td>$75</td>
</tr>
<tr>
<td>Child (under 13) (needs Parent/Guardian information and signature)</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Medical Resident / Postdoc (needs proper identification)</td>
<td>$17/mo. - months</td>
<td>$17/mo. - months</td>
</tr>
<tr>
<td>Plus One (eligible sponsor needs to be present and must sign application)</td>
<td>$545</td>
<td>N/A</td>
</tr>
<tr>
<td>Laboratory Schools Parent (needs proof of child's current registration)</td>
<td>$545</td>
<td>N/A</td>
</tr>
<tr>
<td>Community Member (limited hours: M-F 8am - 3pm, Weekends)</td>
<td>$545</td>
<td>N/A</td>
</tr>
<tr>
<td>One-Week Free Trial (for 1st time eligible members only)</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Other:</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

### MEMBERSHIP SERVICES

- Permanent Locker - Registered Student: $150
- Permanent Locker - All Other Members: $170
- Towel Service - All Users: $70
- Complimentary Towel Service (Full Year Renewals only): $0

**Note:** Purchases are non-refundable

### PAYMENT TYPE

- CASH [ ]
- CHECK - print check #__________ [ ]
- VISA [ ]
- MASTERCARD [ ]
- PAYROLL DEDUCTION* [ ]

### PAYROLL DEDUCTION*

- Name:
- 1st Installment (1/4 of total membership charges) $__________
- (remaining deductions taken within next 3 months of processing)
- U of C Hospital Employee: Yes ______ No ______
- Last four digits of your Social Security Number: ______ ______ ______ ______
- Signature:

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PLEASE SIGN WAIVER ON THE BACK OF THIS FORM
ACCEPTANCE OF RISK AND RELEASE

As a user of the athletic and recreational facilities at the University of Chicago (Facilities), I agree that participation in any activity in the Facilities will be at my own discretion and judgment, and I acknowledge that there are certain risks of physical injury that may arise from my use of the Facilities (including death). I understand that the University does not provide health, accident or liability insurance to me as a user of the athletic and recreational facilities. I agree to assume responsibility for, and release, waive and discharge The University of Chicago, its officers, employees and agents from any and all liability arising out of any such injuries, damages, theft of personal belongings or loss which I may sustain as a result of my use of the Facilities, use of my picture and personal information for identification and promotional purposes, and all activities connected or associated with the Facilities.

I also certify that I am eligible for a Facilities membership because I am a graduate or undergraduate student, faculty member, staff employee, graduate of the University and/or Lab School, Lab School parent, Plus One member (with appropriate sponsor), a spouse, a University-registered domestic partner of one of the applicable categories, or I am otherwise eligible, and I agree that I will cease to use the Facilities if my status changes. I understand that should The University of Chicago discover that I have not satisfied any one of these requirements, it may terminate my use of the Facilities without refund.

It is my expressed intent that this Acceptance of Risk and Release shall bind the members of my family, my heirs, estate, personal representatives and assigns. This agreement shall be construed in accordance with the laws of the State of Illinois. I am 18 years of age or older (or I am represented by my legal guardian). I have read and fully understand the rules and policies of the Facilities, and I understand that failure to adhere to the rules and policies of the Facilities may lead to the termination of my membership.

Participant (or Guardian) Signature ______________________________________________________________________ Date __________________

Printed Name of Participant (or Guardian) ____________________________________________________________________

MEMBERSHIP PACKET

Check the proper box in acknowledgment of receiving membership packet.

Ratner Athletics Center & Henry Crown Field House

[ ] New Membership Packet (one-year memberships only)
[ ] Renewal Membership Packet (one-year memberships only)
[ ] Rules and General Information Packet (all other memberships)
[ ] Membership Packet refused but received rules

Henry Crown Field House Only

[ ] New Membership Packet (one-year memberships only)
[ ] Renewal Membership Packet (one-year memberships only)
[ ] Rules and General Information Packet (all other memberships)
[ ] Membership Packet refused but received rules

--- OFFICE USE ONLY ---

VCA Print Name ___________________________ Date __________________

NOTES:

Office Review - Initial: ___________________ Date: ________________