RALPH R. WRIGHT NATATORIUM

Membership Application

Date _____

Primary Member

First Name _____ Middle Initial _____ Last Name _____

Birthdate _____ Age_____ Phone (___)_____-_____ Email _____

Mailing Address _____ City _____ State _____ Zip _____

For University employees: Employee ID _____ Department _____

Membership Type		Individual	Family**
☐ Alumni/Military/ Police/Fire/EMS*	Monthly	☐ $15.00	☐$23.00
	Quarterly	☐ $30.00	☐$45.00
	Annual	☐ $100.00	☐ $140.00
☐ Faculty/Staff	Monthly	☐ $30.00	☐$50.00
	Quarterly	☐ $75.00	☐$85.00
	Annual	☐ $220.00	☐ $320.00
☐ Public	Monthly	☐ $45.00	☐$75.00
	Quarterly	☐ $100.00	☐$115.00
	Annual	☐ $340.00	☐ $500.00

☐Competitor's Fee *** First Child ☐ $100.00 Second Child ☐ $75.00 Third Child ☐ $50.00

Over Three: $50.00 for each additional – Total Competitors Fee: _____

Emergency Information

Emergency Contact Name: _____ Emergency Contact Phone: (___)_____-_____

Relationship to Member: _____

Additional Members on Family Membership:

Name	Relationship to Primary Member	Birthdate	Age	Driver's License Number (18+)	Member # (For Office Use)

ALL MEMBERS MUST SIGN AN *Assumption of Risk, Waiver, and Release from Liability* FORM.

*Alumni must have their Alumni Card in order to verify Alumni Status. Military/Public Servants must have proof of service.
**Additional members must reside in the same residence as the primary member
***Competitor's Fee is only available for those individuals who are members of one of the competitive teams at the facility.
The University of Louisville and Ralph Wright Natatorium reserve the right to rescind or revoke a membership or access to the Ralph Wright Natatorium at any time.

For Office Use:

Primary Member's #: _____ (Circle one)

Amount Paid _____ Cash Check Credit Employee Initials_____

Risk and Release Form Attached Yes / No Check Number/CC Transaction Number_____

Driver's License Number: _____ Driver's License Scanned Yes / No