

985530 Nebraska Medical Center
Omaha NE, 68198-5530

UNIVERSITY OF Nebraska Medical Center

Center for Healthy Living

Phone: (402) 559-5254
Fax: (402) 559-9609

http://www.unmc.edu/cfhl
located at 3908 Jones Street

Student Sponsored Membership - \$15.00

Any UMA, UNMC, or The Nebraska Medical Center **employee is excluded** from student sponsored memberships and must pay the employee rate. Use of all equipment and fitness classes included in membership

Photo required for membership card.



Membership

Number of Months _____ @ \$15.00 per month = \$ _____

Sponsored Member Info:

This is the **non-employee person** being sponsored by the *student* below.

NEW

MALE

FEMALE

Sybase # _____

first name _____

middle name _____

last name _____

DOB (Required) _____

() _____

work phone #

work email _____

home e mail _____

() _____

home phone #

home address _____

city _____ state _____ zip _____

emergency contact person _____

emergency contact relation _____

() _____
emergency contact home #

() _____
emergency contact work #

Sponsoring Student Info:

This is the **student** who is sponsoring the member above. **Student status checked?**

Student Name _____

Home e-mail: _____

Home Phone _____

Cell Phone _____

I am enrolled in UNMC College below:

- UNMC COD
- UNMC COP
- UNMC CON

- College of Medicine
- College of Allied Health, please specify _____
- Other, please specify _____

Months	1	3	6	12
Towel	\$5.00	\$10.00	\$15.00	\$20.00
Locker Rental	\$5.00	\$10.00	\$20.00	\$30.00

\$ _____

Total Fees

BINDING CONTRACT (Please read and sign)

I understand this is a binding contract and that I have paid for the number of months I indicated above. There are no refunds unless I am prevented from using the facility due to illness or injury. I understand I need a doctor's slip (stating I am unable to continue my exercise program) to be released from my contract.

OFC ONLY DB Odyssey PAR-Q/Receipt Staff Initials _____ Date _____ Photo Staff Initials _____ Date _____