

Enrollment Form

RETURN TO: NMSU / MSC 3M, Box 30001 / Activity Center Rm. 103
Las Cruces, NM 88003-8001 / Phone: 575.646.2907 / aggiefit@nmsu.edu



Please PRINT CLEARLY. Thank You!

1. EMPLOYEE/STUDENT INFORMATION				Last Name		First Name		MI	
Regular Staff/Faculty, Undergraduate, Graduate									
Banner ID # (REQUIRED)		E-mail (REQUIRED)			Date of Birth		Gender		
800 - - - - -		@			- -		<input type="checkbox"/> F <input type="checkbox"/> M		
Mailing Address (Street, City, State, Zip)				Home Phone		Cell Phone		Work Phone	
				() -		() -		() -	
Required NMSU Classification	NOTE: Contract/Part-Time/Temp. Employees use Section 2	Regular Employee	Date of Hire	Department/MSC	<input type="checkbox"/> Full-Time Student	<input type="checkbox"/> Grad. Student	Event Plan		
Select ONLY ONE		<input type="checkbox"/>	- -		<input type="checkbox"/> Part-Time Student	<input type="checkbox"/> DACC Student	<input type="checkbox"/> AggieFit		

2. AFFILIATE INFORMATION (categories include)				Last Name		First Name		MI	
Alumni, Contract, Medical, Retiree, ROTC, Part-Time/Temp.									
Banner or AF ID #	Alumni Membership # & Exp. Date (REQUIRED)			E-mail (REQUIRED)			Date of Birth		
789 - - - - -	- - - - - 20__			@			- -		
Mailing Address (Street, City, State, Zip)				Home Phone		Cell Phone		Work Phone	
				() -		() -		() -	
Required Affiliate Classification	<input type="checkbox"/> Alumni	<input type="checkbox"/> Contract	Company/Dept. Name	<input type="checkbox"/> Medical	NOTE: Only pool option available. Same year	<input type="checkbox"/> ROTC Air Force	<input type="checkbox"/> Retiree	Date of Retirement	PT/Temp.
Select ONLY ONE	ID # Required	Name Required		Doctor note on Rx stationary required.		<input type="checkbox"/> ROTC Army	*From NMSU	- -	<input type="checkbox"/>

3. DEPENDENT INFORMATION						
Spouse/Partner	Last Name (Please Print Clearly)		First Name		Date of Birth	
Event Plan					- -	
<input type="checkbox"/> AggieFit	Mailing Address (Street, City, State, Zip) *If same as address in Section 1 or 2 leave this box blank				AF ID	
					66-	
	Home Phone	Cell Phone	Work Phone			
	() -	() -	() -			

Child (Less than 19)	Last Name (Please Print Clearly)		First Name		Date of Birth		LAPP ID	
Event Plan					- -		66-	
<input type="checkbox"/> Aquatic Center	Mailing Address (Street, City, State, Zip) *If same as address in Section 1, 2 or 3 leave this box blank				*Contact Number for Child (Required)			
					() -			

Child (Less than 19)	Last Name (Please Print Clearly)		First Name		Date of Birth		LAPP ID	
Event Plan					- -		66-	
<input type="checkbox"/> Aquatic Center	Mailing Address (Street, City, State, Zip) *If same as address in Section 1, 2 or 3 leave this box blank				*Contact Number for Child (Required)			
					() -			

Child (Less than 19)	Last Name (Please Print Clearly)		First Name		Date of Birth		LAPP ID	
Event Plan					- -		66-	
<input type="checkbox"/> Aquatic Center	Mailing Address (Street, City, State, Zip) *If same as address in Section 1, 2 or 3 leave this box blank				*Contact Number for Child (Required)			
					() -			

4. FEES		Please check all applicable options	
12-Month Employee (24 pay periods) — \$5/pay period (\$10 monthly or \$120 annually)	<input type="checkbox"/>	12-Month Spouse/Partner PD — \$7.50/pay period (\$15 monthly / \$180 annually)	<input type="checkbox"/>
09-Month Employee (18 pay periods) — \$6.67/pay period (\$13.34 monthly or \$120 annually)	<input type="checkbox"/>	09-Month Spouse/Partner PD — \$10/pay period (\$20 monthly / \$180 annually)	<input type="checkbox"/>
Affiliate (Not eligible for payroll deduction) — \$180 Annually/pro-rated	<input type="checkbox"/>	Affiliate Spouse/Partner — \$180 Annually/pro-rated	<input type="checkbox"/>
NMSU student main campus (6-11 Credits / Graduate 5-8 Credits) — \$40/semester	<input type="checkbox"/>	NMSU/DACC Student Spouse/Partner — \$60/semester	<input type="checkbox"/>
NMSU student main campus (1-5 Credits / Graduate 1-4 Credits) — \$53/semester	<input type="checkbox"/>		
DACC student: (No classes on main campus) — \$60/semester	<input type="checkbox"/>		
Little Aggie Pool Pass (LAPP) Note: 3 and under are free			
12-Month Child PD — \$1.75/pay period (\$3.50 monthly)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>		
09-Month Child PD — \$2.33/pay period (\$4.66 monthly)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>		
Employee/Affiliate/Retiree Child — \$42 annually/pro-rated (each)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>		
NMSU/DACC Student Child — \$14/semester (each)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>		
Medical: (Doctor referral required) — (\$180 annually/pro-rated)	<input type="checkbox"/>		
NMSU Retiree/NMSU Retiree Spouse: No charge	<input type="checkbox"/>		
NOTE: If selecting Student, please indicate semester below:			
Fall	<input type="checkbox"/>	Spring	<input type="checkbox"/>
Summer	<input type="checkbox"/>		
Activation Date:		Cancellation Date:	

5. PAYMENT OPTIONS	
Payroll Deduction (PD)	Pay Period Deduction
NOTE: For Regular Full/Part-Time Employees Only	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Charge Student Account—Excludes DACC	Amount to be Charged
<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Charge Credit Card <input type="checkbox"/> American Express	Amount to be Charged
<input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa	\$
Cardholder's Name: (Please Print Clearly)	
Pay by: <input type="checkbox"/> Check # <input type="checkbox"/> Cash Amount \$	
Payroll/Student Account Authorization and AggieFit Contract	
I hereby request to be enrolled in AggieFit and if using payroll or charging student account, authorize NMSU to deduct the amount I am required to pay for the entire cost of the program. I understand that if I am not actively employed/enrolled the program will terminate. The term of the enrollment contract is annual with automatic renewal unless modified during open program period (May 1-15).	
Enrollment is based on verification of employment, student or affiliate status. Temporary and Affiliate members are required to obtain an AggieFit Membership ID card. Staff and students may use their current ID. ID is required for all admittance to recreational facilities and programs.	

NOTE: Staff fills in section's 4 & 5

Enrollee Signature _____ Date _____

IMPORTANT: Waiver & Release Form on back MUST be signed to complete enrollment.

New Mexico State University

AggieFit/Activity Center/Aquatic Center Waiver & Release Form

This form is an important legal document. It explains the risks you are assuming by beginning an exercise program. It is critical that you read and understand it completely. After you have done so, please print your name legibly and sign in the spaces provided at the bottom.

When used properly, the facilities and activity programs offered by AggieFit/AC/Aquatic Center have been designed to provide you with the optimum level of beneficial exercise and enjoyment. Inherent in any exercise program, however, is the risk of injury through improper use of the equipment or imprudent exercise beyond your capability. *If you are not familiar with the exercise equipment or program, please request instruction. Information will be made available on the proper use of equipment and how to monitor your heart rate to minimize any risk of exercise. It is important that you learn these tasks and regularly incorporate them into your exercise program.*

- 1 Dependents (children) under the age of 19 are only allowed access to the Aquatic Center.
2. This form must be signed by each enrolled AggieFit participant and by a legal parent/guardian for minor dependents utilizing the Aquatic Center facility.

Use of fitness/exercise facilities and equipment are the user's sole risk and responsibility. All users are advised and encouraged to consult with his/her personal physician before beginning use of fitness or exercise facilities and/or equipment or participating in any physical activity.

In consideration of the above factors, I, the undersigned participant or parent/guardian, acknowledge the existence of risks connected with the exercise programs and activities that take place in the Activity Center and Aquatic Center. I agree to assume such risks and agree to accept the responsibility for any injuries sustained by me or my dependents in the course of using the facilities and equipment.

I further acknowledge the existence of and need for certain rules and procedures concerning the use of the equipment, facilities and activities of the Activity Center and Aquatic Center. I agree to abide by those rules and procedures and shall make every effort to ensure that the equipment and facilities are kept in a safe and useable condition.

My signature hereby affirms that I have fully and completely read, understand, and agree to this waiver and release and all contents thereof.

Print Name: (Please print clearly)

Print Spouse/Partner and/or Dependent's Names: (Please print clearly)

- By checking this box I affirm this is my legal spouse/partner indicated on this enrollment form.
 By checking this box I affirm I am the legal guardian of the children indicated on this enrollment form.

Signature: _____ Witness: _____

Date: _____ Date: _____

NOTE: A NMSU employee/student or AggieFit ID are required to enter the Activity Center or Aquatic Center. Use of a receipt to enter the facilities may be done for only 5 business days after purchase/sign-up.

An employee/student ID strip will be activated within 5 business days of purchase/sign-up. Affiliates are required to obtain an AggieFit membership card at ID Card Services in Corbett Center, room 137 (646.5302).



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THANK YOU and Welcome to **AggieFit!** NMSU supports a coordinated, funded and sustained culture of holistic wellness encompassing mind, body and spirit that is living, dynamic and sensitive to community needs.