

Enrollment Form

RETURN TO: NMSU / MSC 3M, Box 30001 / Activity Center Rm. 101
Las Cruces, NM 88003-8001 / Phone: 575.646.2907 / aggiefit@nmsu.edu



Please PRINT CLEARLY. Thank You!

1. EMPLOYEE/STUDENT INFORMATION Regular Staff/Faculty, Undergraduate, Graduate		Last Name	First Name
Banner ID # (REQUIRED)	Date of Birth - -	E-mail (REQUIRED)	Gender <input type="checkbox"/> F <input type="checkbox"/> M
Mailing Address (Street, City, State, Zip)		Phone () -	

Required
NMSU Classification
Select **ONLY ONE**

<input type="checkbox"/> Full-Time Student	<input type="checkbox"/> Grad. Student	<input type="checkbox"/> Staff
<input type="checkbox"/> Part-Time Student	<input type="checkbox"/> DACC Student	<input type="checkbox"/> Faculty

2. AFFILIATE INFORMATION (categories include) Affiliate, Alumni, Retiree, Part-Time/Temp.,		Last Name	First Name
Banner or AF ID #	Date of Birth - -	E-mail (REQUIRED)	Gender <input type="checkbox"/> F <input type="checkbox"/> M
Mailing Address (Street, City, State, Zip)		Phone () -	
<input type="checkbox"/> Affiliate <input type="checkbox"/> Alumni Association Member <input type="checkbox"/> Retiree <input type="checkbox"/> Part-Time Temp			

3. DEPENDENT INFORMATION

<p>NOTE: ID #'s assigned after enrollment.</p>	Spouse/Partner		
	Last Name	First Name	Gender <input type="checkbox"/> F <input type="checkbox"/> M
	Mailing Address (Street, City, State, Zip) *if same as address in Section 1 or 2 leave this box blank		Date of Birth - -
	Phone () -	Provide Card number if they have one already	

4. LITTLE AGGIE POOL PASS (L.A.P.P)

Child (Less than 19)	Last Name (Please Print Clearly)	First Name	Date of Birth - -	Gender <input type="checkbox"/> F <input type="checkbox"/> M
<input type="checkbox"/> Aquatic Center				
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<input type="checkbox"/> Aquatic Center				
If you are rejoining, please provide ID cards numbers that have been previously issued for listed above 66 _____ 66 _____ 66 _____				

5. FEES & PAYMENT (Please check all applicable options)

<table style="width:100%;"> <tr> <td>12-Month Employee (24 pay periods) — \$5/pay period (\$10 monthly or \$120 annually)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>09-Month Employee (18 pay periods) — \$6.67/pay period (\$13.34 monthly or \$120 annually)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Affiliate (Not eligible for payroll deduction) — \$180 Annually/pro-rated</td> <td><input type="checkbox"/></td> </tr> <tr> <td>NMSU Alumni (alumni association) \$180 Annually/pro-rated.....</td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="2"><i>*(yearly donation of \$20 through University Advancement)</i></td> </tr> <tr> <td>NMSU student main campus (6-11 Credits / Graduate 5-8 Credits) — \$40/semester</td> <td><input type="checkbox"/></td> </tr> <tr> <td>NMSU student main campus (1-5 Credits / Graduate 1-4 Credits) — \$53/semester</td> <td><input type="checkbox"/></td> </tr> <tr> <td>DACC student: (No classes on main campus) — \$60/semester.....</td> 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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). <i>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.</i> </td> </tr> </table>	Payroll Deduction (PD)	Pay Period Deduction	NOTE: For Regular Full/Part-Time Employees Only	\$	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. 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Enrollee Signature _____

Date _____

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).



AGGIEFIT

Return to:

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Phone: 575.646.2907 · Email: aggiefit@nmsu.edu

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.

AF 08-15-17