New Membership Registration Form
Aquatic & Fitness

For office use only: GL code 46660
Kendall Campus: 31200203 K31202 20
North Campus: 31200203 N31202 10
Wolfson Campus: 31200203 W31202 30

Membership Type: (Check one only)  
1. **Fitness Membership Only**  
   - Credit Students (p/t and f/t) $10 $30 $60 Kendall  
   - Employees/Retirees (p/t and f/t) $20 $60 $120 North  
   - Non-Credit Students $30 $90 $180 Wolfson  

2. **Aquatic Membership Only**  
   - Credit Students (p/t and f/t) $10 $30 $60 Kendall  
   - Employees/Retirees (p/t and f/t) $20 $60 $120 North  
   - Non-Credit Students $30 $90 $180 Wolfson  

3. **Fitness/Aquatic Membership**  
   - Credit Students (p/t and f/t) $20 $50 $100 Kendall  
   - Employees / Retirees (p/t and f/t) $40 $100 $200 North  
   - Non-Credit Students $60 $150 $300  

Please bring complete form along with payment to the bursar's office to the campus where you are planning to use the facilities.

Date: ________________ Membership begins: ________________ MDCID No. ________________

Name: ____________________________________________ Male ☐ Female ☐

Day Phone No.: ____________________ Evening Phone No.: ____________________

Street Address: __________________________________________

City: ____________________ State: ____________ Zip: ____________

Mailing Address: __________________________________________ (If different from Street Address)

Email Address: __________________________________________

Emergency Contact: ____________________ Phone: ____________________

I, the undersigned, desire to voluntarily participate in the above named Miami Dade College program/memberships at the listed location on stated dates. I understand that participation in the program/memberships provided or use of the facility where the program/memberships is located, may result in injury to me and/or my dependent(s). I hereby waive any and all claims that I am or my dependent(s) may have against the Board of Trustees, officers, agent or employees of Miami Dade College for any injury resulting from my participation at the listed location. To the best of my knowledge, I and/or dependent(s) are in good health and physically capable of actively participating in the above named program/memberships. Please note fees are not refundable.

**Membership form and receipt of payment provided by Bursar must be presented at the Fitness and/or Aquatic Center on your first visit to be properly registered.**

Member Signature: __________________________________________ Date: ____________________

Bursar's receipt number: ____________________