

Personal Information

Today's Date

Last Name

First Name

Phone

Gender

Age

E-Mail

Mailing Address

Emergency Contact Information (If there's an emergency, who should we contact?)

Contact Name

Relationship to You

Contact Phone Number

Do you have any medical conditions that you want us to be aware of?

Other Information & Reminders

How did you hear about Deas Hall?

Affiliation e.g., Faculty, Alumni, Community

Would you like a locker?

*Lockers are free, so please take advantage.
Deas Hall is not responsible for
loss or theft of personal items.*

I have read and understand the Deas Hall Policies for Recreational Use, and I have completed

Citadel Assumption of Risk

Get Active Questionnaire

\$100 Fee Paid

Member Signature

Date

For Deas Hall Staff

Assumption of Risk

Get Active

Fee Collected:

Paid w/Check \$ _____

Check Number _____

Locker Number _____

Combination _____

Paid w/Cash \$ _____

Staff Signature

Date