



STARK

Recreation & Wellness

Membership Information Sheet

Last Name: _____ First Name: _____ MI: _____

DOB: _____ Sex: M F T-shirt size _____

Email: _____ Phone _____ Flashcard Number _____

Address: _____
(Street, City, ZIP)

Emergency Contact (*name and number*):

Status: (*circle one*):

KSUS Student

Stark State Faculty/ Staff

Stark County ESC

KSU Faculty/Staff Campus: _____ Alumni: Staff verified _____