

Recreational Sports and Fitness Registration Form

Member Data (Please Print)

Name _____ Today's Date _____
First Last M.I.

Date Of Birth _____ Gender: (circle one) M F

AU ID # _____ JFC # _____ Expected Date of Graduation _____
(Student/STAFF/FAC) (Non Students Only) (AU students only) _____
Month/Year

Current Address

Street _____

Apt.# _____ Email _____

City/State/Zip _____

Home Phone # (____)-____-____ Work Phone # (____)-____-____

Emergency Information

Emergency Contact Person

Name _____ Phone # (____)-____-____

Physician's Name _____ Phone # (____)-____-____

Member Status (office use only)

AU Student

- Undergraduate
- Graduate/PhD/JD
- Washington Semester (end date: _____)
- Family (primary member) _____

Faculty

- Full-time (12-month ____ / 9-month ____)
- Part-time
- Family (primary member) _____

Staff

- Full-time
- Part-time
- FAC/STAFF student
- Family (primary member) _____
- Corporate (vendor) _____

Alumni

- Individual
- Family (primary member) _____

Community

- Individual
- Family (primary member) _____

Other

- Wesley Student
- Wesley Faculty/Staff
- Osher Lifelong Learning Institute
- Complimentary _____
- Other _____

Office Use Only

Expiration Date _____
Month /Day/ Year

Payment Type (check one) ____ Cash ____ Check ____ Payroll Deduction ____ Credit Card

Check # _____ Amount _____ Staff Initials _____

Recreational Sports and Fitness Physical Activity Readiness Questionnaire (PAR-Q)

Name of participant _____ Signature _____ Date _____

PAR-Q & You

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO

****If you check YES to any of these questions you will be required to have your physician complete a physician's clearance form.****

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Has your doctor ever said you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Do you feel pain in your chest when you do physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. In the past month, have you had chest pain when you were not doing physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Do you lose your balance because of dizziness or do you ever lose consciousness? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Do you have a bone or joint problem (for example, back, knee, or hip) that could be made worse by a change in your physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Do you know of <u>any other reason</u> why you should not do physical activity? |

If you answered,

Yes to one or more questions



Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.



- You may be able to do any activity you want – as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which programs are safe and helpful for you.

No honestly to all questions

You can be reasonably sure that you can:

- Start becoming much more physically active – begin slowly and build up gradually. This is the safest and easiest way to go.
- Take part in a fitness appraisal – this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.



Delay Becoming Much More Active:

- If you have a temporary minor illness, such as a cold or fever.
- If you are or may be pregnant. Talk with your doctor first.

Recreational Sports and Fitness Agreement and Release of Liability

1. In consideration of gaining membership or being allowed to participate in the activities and programs of the Fitness Center and to use its facilities, equipment, and machinery in addition to the payment of any fee or charge, I do hereby for myself, my heirs, executors, administrators and assign, waive, release, and forever discharge American University and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above-mentioned facilities or arising out of my participation in any activities at said facility. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my participation in any activities of the Fitness Center or the use of any equipment at the Fitness Center. **(Please initial _____)**

2. I understand and am aware that strength, flexibility, and aerobic exercise, including the use of equipment, is a potentially hazardous activity. I also understand that fitness activities involve a risk up to and including death and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risk of injury and/or death. **(Please initial _____)**

3. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation in any of the activities and programs of the Fitness Center or use of equipment or machinery except as hereinafter stated. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise, and use of exercise and training equipment so that I might have recommendations concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and have been given my physician's permission to participate, or that I have decided to participate in activity and/or use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities. **(Please initial _____)**

4. I absolve, indemnify, defend and hold harmless American University from any breach of these representations. **(Please initial _____)**

5. I hereby consent to and permit emergency treatment in the event of illness or injury while participating in the activities and programs of the Fitness Center.
(Please initial _____)

I have read and understand the above provisions and agree to be bound by them, as indicated by my signature below.

Signature _____

Legal Guardian Signature _____
(under 18 years old only)

Printed Name _____

Print Name _____

Date _____

Date _____

Recreational Sports and Fitness Participant Policies

In accordance with American University's Code of Conduct and standards of care for the fitness industry, the following policies are to be understood and followed by EVERYONE who uses the Fitness Center:

Before using the facility, all participants must complete the registration packet and pay appropriate fees. No refunds of fees will be made. Staff led tours and orientations are available upon request.

For both security and utilization tracking, all participants using the facility must present their valid AU ID card at the Front Desk upon entering the Fitness Center. No other photo IDs are valid for entry.

Individuals under age 18 will not be permitted to use Recreational Sports and Fitness facilities' without parental supervision. No one under the age of 14 is permitted to use the Fitness Center. Children are not allowed to accompany parents or other adults into the Fitness Center.

No food or drinks other than water in a closed container are permitted in the Fitness Center.

The locker rooms are to be used to store shoes, clothes, school bags, valuables etc. They are not for overnight use. Bringing a lock for the lockers is strongly encouraged. The Fitness Center is not responsible for lost or stolen articles from either the locker rooms or Fitness Center mini-lockers. No bags or backpacks are permitted in the Fitness Center. Locks are available for sale and annual or semester lockers are available for rent.

All property turned into the fitness center front desk will be recorded and kept in lost and found for one week. Afterward, any item that has an identifying feature (wallet, keys, IDs), will be turned into the Department of Public Safety. All other items (clothing, water bottles) will either be donated and/or discarded.

Fitness Center memberships carry with it the responsibility of appropriate conduct and courteous behavior.

Appropriate exercise clothing and shoes are required for use of the Fitness Center. Shirts are to be worn at all times. Inappropriate clothing includes, but is not limited to sandals, flip-flops, jeans, suggestive clothing and clothing with offensive language and/or graphics. To protect the floor in the Aerobics Room, only appropriate athletic shoes are permitted. High heels, dress shoes, and other hard-soled footwear or shoes leaving black marks are not permitted.

Abuse of the equipment will not be tolerated. This includes dropping of dumbbells, weight plates, and allowing weights stacks to fall in an uncontrolled manner. Collars should be used on bars at all times and weight plates returned to proper rack when finished.

The Fitness Center is a multi-use facility. Use of the Fitness Center as well as the pools and basketball courts are at times limited because of athletic team workouts, academic activity classes and special events. Please check the posted schedules and the web page for specific times of these restrictions.

Fitness Center facilities may not be used for private instruction or to provide services unless approved in writing by Recreational Sports and Fitness.

There are no refunds, partial payments or partial year memberships available. Memberships terminate upon leaving the employment of AU and/or the status of an enrolled student (for faculty, staff and student memberships).

Recreational Sports and Fitness reserves the right to restrict access, without advance notice, to any area of or the entire Fitness Center for any reason, including but not limited to closures or restrictions related to capital improvements, facilities maintenance, construction, remodeling, or repairs or for health or safety reasons, including but not limited to weather, natural disaster, power outages, medical issues. Your obligation to pay membership dues is not dependent upon usage, availability or access to the facilities.

As needed, AU Public Safety can and will be called to help enforce these policies.

By signing this document, I acknowledge the fact that these policies have been presented and explained to me and I agree to abide by them. I have also been informed that my privileges to use the Recreational Sports and Fitness facilities may be suspended and/or terminated for violation of the stated policies.

Signature_____

Legal Guardian Signature_____
(under 18 years old only)

Printed Name_____

Print Name_____

Date_____

Date_____