

SIUE Student Fitness Center Membership Agreement



(PLEASE PRINT LEGIBLY)

MEMBER INFORMATION

☐ New membership*

☐ Renewal

Name (Last, first, middle initial)

Date of birth

Street address, City, ST, ZIP code

Member # (800# or 777#)

Primary phone number | Other phone number

Email address (required)

Today's date (staff use)

Expiration date (staff use)

Parking Tag # (staff use)

Type of Membership-Staff use

☐ Alumni

☐ Faculty

☐ Non-Enrolled*

☐ Family of (type) _____

☐ 1/2 Price New Employee

☐ EFT Alumni

☐ Alum Assoc
Life.

☐ Staff

☐ School of Dental Med*

☐ First Family of (type) _____

☐ Dual-Enrolled Student*

☐ EFT Retiree

☐ Affiliate*

☐ Retiree

☐ Student Success Center

☐ Opt-In Student*

☐ Dual-Admitted Student*

☐ EFT Faculty

☐ Recent Graduate

☐ Payroll Deduction*

☐ EFT Staff

***For these memberships, verification of member eligibility by SFC administrative staff may be necessary.**

EMERGENCY CONTACT INFORMATION

Name

Relationship

Primary phone number | Other phone number

Family Members with SFC Memberships

Name | Relationship

800# or 777#

Name | Relationship

800# or 777#

Name | Relationship

800# or 777#

Name | Relationship

800# or 777#

Continue to waiver on the reverse side of this page.

Checklist-Staff use:

Salesperson's Name (Printed)

Date

☐ 1. Read previous CSI notes.

☐ 2. This form is complete & **LEGIBLE**.

☐ 3. Waiver is signed & initialed.

☐ 4. PAR-Q completed.

☐ 5. Flag is on in Gold

☐ 6. Point of Sale completed.

☐ 7. Receipt stapled on the right side of this form.

☐ 8. Eligible for a parking hangtag?

☐ 9. Parking tag form complete & receipt.

☐ 10. Temp parking tag # entered in binder.

☐ 11. Temp parking tag # entered in CSI. *

☐ 12. Correct phone and address entered in CSI. *

☐ 13. Correct EMAIL entered into CSI. *

☐ 14. Emergency contact with phone # entered. *

☐ 15. Member "Active" in Gold. *

☐ 16. Member is "Active" in CSI. *

☐ 17. Salesperson's name entered in CSI. *

☐ 18. Correct expiration date entered in CSI. *

☐ 19. Notes put in CSI. *

***These can be entered into CSI after the member leaves. (13-20)**



Waiver of Liability

I hereby agree to abide by all policies regulating Southern Illinois University Edwardsville and Campus Recreation with the understanding that any violation of those policies may result in forfeiture of privileges and fees paid to Campus Recreation.

In addition, I hereby assume responsibilities for any injury to myself, my children, or damage to any property that should occur during any SIUE sponsored activity and release any and all right or claims for damages which may hereafter occur to same, or which we may have against Southern Illinois University Edwardsville and all individuals involved in these programs and any of their agents. As the customer, I agree to pay any and all attorney's fees, court costs, or collection charges incurred by the University of returned checks or other account collection efforts.

Signature of member

Today's Date

Also fill out this section if the participant is a minor child :

I have read, understand, and have freely and voluntarily signed this Release, Waiver of Liability, Assumption of Risk, & Covenant Not to Sue Agreement on behalf of my minor child.

Minor Participant's Name (Please print clearly.)

Parent or Legal Guardian's Name (Please print clearly.)

Parent or Guardian's Signature

Today's Date

Physical Activity Readiness Questionnaire (PAR-Q)

Print Name: _____ Birthdate: _____ Today's Date: _____

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 questions below. This screening form is provided to inform you of the potential risk of injury that exists when initiating a physical activity program. This risk increases with the greater number of items checked. 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 before becoming much more physically active.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly. All information will remain confidential.

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
<input type="checkbox"/>	<input type="checkbox"/>	Do you feel pain or discomfort in your chest when you do physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	In the past month, have you had chest pain when you were not doing physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	In the past 6 months, have you experienced rapid throbbing or fluttering of the heart while at rest?
<input type="checkbox"/>	<input type="checkbox"/>	Do you lose your balance because of dizziness or do you ever lose consciousness?
<input type="checkbox"/>	<input type="checkbox"/>	In the past 6 months, have you experienced shortness of breath with mild activity (e.g. walking up stairs)?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a bone or joint problem that could be made worse by a change in your physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	Is your doctor currently prescribing medication for your blood pressure or heart condition?
<input type="checkbox"/>	<input type="checkbox"/>	Do you experience swelling in your ankles that is unrelated to a previous injury?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have diabetes?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have asthma, emphysema, or bronchitis?
<input type="checkbox"/>	<input type="checkbox"/>	Are you, or might you be pregnant?
<input type="checkbox"/>	<input type="checkbox"/>	Do you know of any other reason why you should not do physical activity?

If
You
Answered...

YES to one or more questions

The information you checked in the above list indicates that engaging in an exercise program places you at higher risk for injury. It is strongly recommended that you talk to your doctor BEFORE 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 activities are safe and helpful for you.

NO to all questions



Delay becoming much more active:

- If you are not feeling well because of a temporary illness such as a cold or fever – wait until you feel better

If you answered NO honestly to all PAR-Q 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.

Please note: If your health changes so that you then answer YES to any of the questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

Informed use of the PAR-Q: The Board of Trustees of Southern Illinois University, on behalf of Southern Illinois University Edwardsville and its members individually, and its officers, agents, and employees, assume no liability or responsibility for persons who complete the PAR-Q and/or undertake physical activity. By signing below, I acknowledge and agree that I am aware that there are risks, hazards, and dangers inherent in physical activity. I hereby assume any and all such risk and accept that it is my sole responsibility to participate only in those activities for which I have the prerequisite skills, qualifications, preparations, conditioning, and training. If, after completing this PAR-Q, I have any doubt about my readiness to undertake physical activity, I will consult a physician prior to such physical activity.

I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction.

Participant Signature _____

Date _____

Parent or Guardian _____

Participant email _____

(If participant is under 18 years of age)

(required if "yes" is marked in response to any of the above questions)

Staff Signature _____

Date _____