

TOMPKINS CORTLAND FITNESS CENTER

Membership Application

Last _____ First _____ Today's Date ____/____/____

DOB ____/____/____ Student/ Member ID number: _____

Email _____@_____

EMERGENCY CONTACT:

Address _____

Name _____

City _____

Relationship _____

State _____ Zip _____

Phone () _____ - _____

Phone () _____ - _____

Faculty/Staff ___ FSA (Staff) ___ Department _____ Office Ext _____

Student ___ Dependant ___ Alumni ___ Community ___ Dryden Fire ___

Waiver/Release/Hold Harmless Agreement:

I have been informed of, understand, and am aware the strength, flexibility, and aerobic exercise including the use of equipment, is a potentially hazardous activity. I also have been informed of, understand, and am aware that fitness activities involve a risk of injury, including death or serious disability, and that I am voluntarily participating in these activities. I hereby waive, and release and hold harmless Tompkins Cortland Community College, Inc., and the employees, agents, and trustees and director of each, from any act of negligence or failure to act that may result in an injury to me except gross negligence or intentional infliction of injury. I specifically acknowledge that I have read carefully and fully understand this agreement and that I make it freely. I also certify that I am in good physical condition, and am freely able to participate in an exercise program.

(Print Name)

(Signature)

____/____/____
(Date)

THERE ARE NO REFUNDS ON FITNESS CENTER MEMBERSHIPS

<i>IF UNDER THE AGE OF 18:</i>			
_____ Print Name (Parent/Guardian)	_____ Signature (Parent/Guardian)	____/____/____ (Date)	
Address _____	City _____	State _____	Zip _____
Phone H () _____		W () _____	

I acknowledge that I have been informed of and agree to abide by the policies and procedures of the Tompkins Cortland Fitness Center and failure to do so may revoke my membership.

Members Signature

____/____/____
Date

Coordinator's Signature

FOR OFFICE USE ONLY:

Date entered power campus ____/____/____ Date entered TC3 applications ____/____/____

PHYSICAL ACTIVITY READINESS QUESTIONARE (PAR-Q)

Many health benefits are associated with regular exercise, and the completion of the PAR-Q is a sensible first step to take if you are planning to increase the amount of physical exercise in your life.

The PAR-Q is designed to help identify the small number of adults for whom physical activity (in a non-rehabilitative and/or a non-special assisted facility) might be inappropriate for those individuals who seek medical advice concerning the type of physical activity best suited for them.

Common sense is your best guide for answering these few questions. Please read them carefully and YES or NO as they apply to you. If yes, please explain.

	Questions	Yes	No
1	Has your doctor ever said that you have a heart condition and that you should only perform physical activity recommended by a doctor?		
2	Do you feel pain in your chest when you perform physical activity?		
3	In the past month, have you had chest pain when you were not performing any physical activity?		
4	Do you lose your balance because of dizziness or do you ever lose consciousness?		
5	Do you have a bone or joint problem that could be made worse by a change in your physical activity?		
6	Is your doctor currently prescribing any medication for your blood pressure or for a heart condition?		
7	Do you know of <u>any</u> other reason why you should not engage in physical activity?		

If you have answered “Yes” to one or more of the above questions, consult your physician before engaging in physical activity. Tell your physician which questions you answered “Yes” to. After a medical evaluation, seek advice from your physician on what type of activity is suitable for your current condition.

Physician Clearance Forms may be faxed to: **(607) 844-6536**

If you answered NO to all the questions:

It is reasonable to participate in various forms of exercise and/or fitness evaluation programs. However, one should be aware of the potential risk of abnormal responses to exercise.

Signature

____/____/____
Date