

# Jacobs Fitness Center 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)

<b>AU Student</b> <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate/PhD <input type="checkbox"/> ELS <input type="checkbox"/> Washington Semester (end date: _____) <input type="checkbox"/> Family (primary member) _____	<b>Alumni</b> <input type="checkbox"/> Individual <input type="checkbox"/> Family (primary member) _____
<b>Faculty</b> <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Family (primary member) _____	<b>Community</b> <input type="checkbox"/> Individual <input type="checkbox"/> Family (primary member) _____
<b>Staff</b> <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> FAC/STAFF student <input type="checkbox"/> Family (primary member) _____ <input type="checkbox"/> Corporate (vendor) _____	<b>Other</b> <input type="checkbox"/> Wesley Student <input type="checkbox"/> Wesley Faculty/Staff <input type="checkbox"/> Osher Lifelong Learning Institute <input type="checkbox"/> Complimentary _____

## Office Use Only

Expiration Date _____
Month /Day/ Year
Payment Type (check one) ____Cash ____Check ____ Payroll Deduction
Check # _____ Amount _____ Staff Initials _____

Jacobs Fitness Center  
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 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.

## Jacobs Fitness Center Agreement and Release of Liability

1. In consideration of gaining membership or being allowed to participate in the activities and programs of the Jacobs 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 Jacobs Fitness Center or the use of any equipment at the Jacobs 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 Jacobs 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 Jacobs 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 \_\_\_\_\_

Printed Name \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

# Jacobs Fitness Center 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.

Individuals age 14 to 18 will not be permitted to use the Fitness Center without a signed parental consent. No one under the age of 14 is permitted to use the facility. 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 over night 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 storage bins. No bags or backpacks are permitted in the Fitness Center.

Locks are available for sale and annual or semester lockers are available for rent.

Participants are expected to be courteous of each other and staff. Courteous behavior includes, but is not limited to appropriate language and gestures.

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 team training room, 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.

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).

Fitness Center membership carries with it the responsibility of appropriate conduct. Violation of any rules or other abusive or irresponsible behavior may result in a suspension of Fitness Center privileges.

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 Sports Center facilities may be suspended and/or terminated for violation of the stated policies.

Participant signature \_\_\_\_\_

Legal Guardian signature \_\_\_\_\_

Print Name \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_