



Fitness Center

MEMBERSHIP APPLICATION FORM

PLEASE PRINT LEGIBLY:

NAME _____ DOB: _____ N# _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE # (____) _____ EMAIL _____

Emergency Contact: _____ Phone: (____) _____

MEMBERSHIP PRICES DO NOT INCLUDE 9.5% SALES TAX, WHICH WILL BE ADDED TO YOUR BILL. ALL MEMBERSHIPS WILL BE MONTH TO MONTH WITH THE EXCEPTION OF STUDENT FAMILY/ESL STUDENT WHICH IS PURCHASED BY THE SEMESTER. **PLEASE CHECK ONE OF THE FOLLOWING CHOICES:**

- | | |
|--|--|
| <input type="checkbox"/> STUDENT FAMILY \$20/SEMESTER | <input type="checkbox"/> CORPORATE 11-20 CARDS \$150/CARD/YEAR* |
| <input type="checkbox"/> ESL INTERNATIONAL STUDENT \$35/SEMESTER | <input type="checkbox"/> CORPORATE 1-10 CARDS \$180/CARD/YEAR* |
| <input type="checkbox"/> INTERN OR VISITING STUDENT \$35/SEMESTER | (*Please see director for any corporate memberships) |
| <input type="checkbox"/> FACULTY/STAFF \$7.50/MO | <input type="checkbox"/> SODEXO/BN COLLEGE EMPLOYEE \$10/MO |
| <input type="checkbox"/> FACULTY/STAFF FAMILY \$10/MO | <input type="checkbox"/> SODEXO/BN COLLEGE EMPLOYEE FAMILY \$15/MO |
| <input type="checkbox"/> COMMUNITY SINGLE \$18.35/MO | <input type="checkbox"/> TEMPORARY WEEKLY GUEST PASS \$10 |
| <input type="checkbox"/> COMMUNITY FAMILY \$25/MO | <input type="checkbox"/> TEMPORARY 2 WEEK GUEST PASS \$15 |
| <input type="checkbox"/> COMMUNITY SENIOR (over 65) \$12/MO | <input type="checkbox"/> TEMPORARY 30 DAY GUEST PASS \$30 |
| <input type="checkbox"/> COMMUNITY SENIOR FAMILY (over 65) \$16/MO | <input type="checkbox"/> DAILY GUEST \$4.50 PATRON/\$2.00 SENIOR |
| <input type="checkbox"/> CORPORATE 21+CARDS \$120/CARD/YEAR* | |

FAMILY MEMBER**	AGE	RELATIONSHIP	ADDRESS

(**Family membership includes the husband, wife, and children under 21 still living at home. Proof of cohabitation is required before family membership is granted and does not apply to applicants that are NOT married. Senior family memberships include only the husband and wife. Membership cards are issued only to those children who are 14 years of age and older.)

MEMBERSHIP AGREEMENT AND FITNESS CENTER REQUEST (Please read carefully)

Memberships are billed the last business day of the month for the following month. You must submit cancellations in writing to the fitness center director 10 days prior to your next billing cycle to cancel your membership. Cancellations submitted less than 10 days before the next billing cycle are subject to an additional month of charges. Corporate cards must be paid in full at the time of purchase and are for a full year. Please contact Kim Dawson, fitness center director, at (918) 444-3980 if you have questions or concerns.

- I. If I have purchased a monthly membership, by signing this agreement, I will be liable for all monthly payments until I notify the fitness center in writing of my desire to cancel. I understand that I must give 10 days' written notice before my next billing cycle for the membership to cancel by the next billing cycle. In the event of default on monthly payments, I will be liable to pay the full amount of the membership up to the date of the next eligible billing cycle depending on which date the written cancellation is received.
- II. **Students applying for family memberships:** Your authorization is needed in order for the Title IV federal student aid funds to pay for non-institutional charges such as books, supplies, parking tickets, parking permits, student health insurance, fitness center family memberships, etc.. Your authorization remains in effect for future semesters until you rescind your authorization. Select the appropriate authorization below to direct the use of these funds. Your authorization may be rescinded at any time by returning to the goNSU website and selecting DO NOT Authorize from the drop down menu.

STUDENTS ONLY!! PLEASE INITIAL ONE:

I authorize I do not authorize (If you do not authorize, you must pay for your membership in full at business office.)

III. **Faculty/Staff:** This form allows fitness center charges to be billed to your bursar account and/or you to be billed monthly.

IV. **Patrons (non- student/faculty/staff):** This form authorizes NSU to create a bursar account on your behalf for fitness center charges. This

SIGNATURE _____ DATE _____

Office use only: DATE UPLOADED _____ DATE FLAGGED _____ SENT TO FA _____

allows you to be billed by mail, pay at the cashier's office (located in the administration building) or pay online with a credit card.

LIABILITY WAIVER

PLEASE PRINT LEGIBLY:

- I.** I, _____ hereby **RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE, AND AGREE TO HOLD HARMLESS** for any and all purposes Northeastern State University, the Board of Regents for Northeastern State University, specifically RUSO (Regional University Systems of Oklahoma Colleges), and their officers, servants, agents, volunteers, or employees (herein referred to as RELEASEES) from any and all liabilities, claims, demands, or injury, including death that may be sustained by me while participating in any/all activities of the NSU Fitness Center and/or the NSU Intramurals program. (hereinafter referred to as ACTIVITY), or while on the premises owned or leased by RELEASEES, including injuries sustained as a result of the negligence of RELEASEES. I know of no medical reason why I should not participate in ACTIVITY.
- II.** I am fully aware that there are inherent risks involved with ACTIVITY, involving many risks of injury which may include but not limited to my general health and well-being. I understand these dangers and risks may result not only in serious injury, but in a serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities and enjoy life. I choose to voluntarily participate in said activity with full knowledge said activity may be hazardous to me and my property. I voluntarily assume responsibility assume for any risks of loss, property damage, personal injury, including death, that may be sustained by me as a result of participating in said activity including injuries sustained as a result of the negligence of RELEASEES. I further agree to indemnify and hold harmless the RELEASEES for any loss, liability, damage or costs, including court costs and attorney's fees that may occur as a result of my participation in said activity.
- III.** NSU has disclosed any and all known inherently dangerous conditions, and I am fully aware of the dangerous risks associated and voluntarily choose to participate in ACTIVITY.
- IV.** It is my express intent that this Waiver and Hold Harmless Form shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be governed by the laws of the State of Oklahoma.
- V.** I understand this Waiver is intended to be as broad and inclusive as permitted by the laws of Oklahoma and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect. I further agree that the laws of Oklahoma shall govern this waiver.
- VI.** I affirm I am voluntarily signing this agreement. I have read and fully understand this form by signing it; I have had an opportunity to consider its meaning, and I understand the document and sign it voluntarily as my own free act. I am at least 18 years of age and fully competent. I am giving up legal rights and/or remedies which may be available to me for the ordinary negligence of Northeastern State University or any of the parties listed above. This release remains valid until revoked by me in writing.

PRINT NAME

SIGNATURE

DATE

RULES & REGULATIONS

The following regulations have been established to ensure the safety of each person while using the NSU fitness center. Your cooperation regarding the following rules is expected and appreciated.

1. All members MUST CHECK IN at the front desk with a valid NSU ID or Patron membership card. Patron cards are a one-time fee of \$3+tax payable to the fitness center at the time of membership and a \$5 fee will be charged for replacing a LOST/STOLEN/DAMAGED patron card. Patron ID cards are obtained in the CASE building at the ID office.
2. You must be 14 years of age or over to use weight equipment or cardio machines. *CHILDREN AGES 14-17 MUST BE ACCOMPANIED AND SUPERVISED BY A PARENT OR GUARDIAN AT ALL TIMES WHEN USING THE FACILITY/EQUIPMENT.
3. Fitness center members must wear appropriate footwear (tennis, running, gym, athletic shoes). Absolutely NO sandals or open toed shoes allowed. Please bring a pair of non-marking shoes with you in order to help keep our facility nice.
4. Fitness center members must wear appropriate clothing (shorts, t-shirts, warm-up suits, athletic apparel, etc.) No denim or cut-offs please.
5. Please return all weights, medicine balls, steps, mats and other equipment to their designated racks and storage areas after use.
6. Please avoid banging weights together or dropping weights on the floor. If you are found dropping weights you will be asked to leave.
7. Please take care of our equipment. If you are found misusing or abusing any property on the NSU fitness center premises, you will be held responsible for repairs.
8. Patrons are responsible for any personal items that are lost, stolen, or damaged at the NSU fitness center. Lockers are provided for your daily use – no locks please!!
9. Foul and/or abusive language will not be tolerated, as this is family friendly facility.
10. Food and beverages are not allowed in the fitness areas with the exception of capped, spill proof, non-glass containers.
11. Please clean all equipment after use with the provided sanitizing wipes. Sanitizing wipes are provided for your safety and convenience.
12. Anyone who does not abide by the above stated rules will be asked to leave and the membership is subject to cancelation.

PLEASE PRINT LEGIBLY:

I _____ agree to abide by all rules and regulations established for the operation and maintenance of the NSU Fitness Center and Intramurals program. I understand that my membership may be revoked if I or any member of my family violates the rules or regulations.

Signature _____ Date _____

MEDICAL HISTORY

Name _____ Age _____ DOB _____

CHECK THOSE THAT APPLY:

- | | |
|--|--|
| <input type="checkbox"/> Recent illness, hospitalization or surgical procedure | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Heart attack, coronary bypass, cardiac surgery, stroke | <input type="checkbox"/> Light headedness or fainting |
| <input type="checkbox"/> Abnormal resting or stress ECG | <input type="checkbox"/> Chest pain at rest or exertion |
| <input type="checkbox"/> Uneven, irregular, or skipped heart beats (including a racing or fluttering heart) | <input type="checkbox"/> Unusual shortness of breath |
| <input type="checkbox"/> Abnormal blood lipids | <input type="checkbox"/> Orthopedic problems (arthritis or any other bone, joint or muscle problems) |
| <input type="checkbox"/> Family history of coronary or other atherosclerotic disease prior to age 55 male, 65 female | <input type="checkbox"/> Emotional disorders |
| <input type="checkbox"/> Diabetes mellitus | <input type="checkbox"/> Medications |
| <input type="checkbox"/> High Blood Pressure (if yes, see below) | <input type="checkbox"/> Drug allergies |
| <input type="checkbox"/> Phlebitis Emboli | <input type="checkbox"/> Smoking |
| <input type="checkbox"/> Pulmonary disease (asthma/emphysema/bronchitis) | <input type="checkbox"/> Physical inactivity |

PAR-Q & YOU

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. Has your doctor ever said that you have a heart condition & 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 lost 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. 1. 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. 2. Find out which community programs are safe and helpful for you.

IF YOU ANSWERED NO TO ALL QUESTIONS: If you answered no honestly to all PAR-Q questions, you can be reasonably sure that you can: 1. Start becoming much more physical active – begin slowly and build up gradually. This is the safest and easiest way to go. 2. Take part in a fitness appraisal – this in 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

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

Signature _____ Date _____

NOTE: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if you condition changes so that you would answer YES to any of the seven questions.