



New Membership Application

Applicant's Name: _____

Date of Birth: ___/___/___ Gender: M or F or Other (please circle one)

Street Address: _____

City, State & Zip: _____ Phone Number: _____

E-mail Address: _____

Emergency Contact Name: _____

Emergency Contact #: _____

I agree to abide by the policies and procedures of the Wellness & Recreation Center. I will be responsible for any damages or loss. I have received a copy of the Recreation Center Guidelines.

Applicant's Signature: _____ Date: ___/___/___

WRC Building Staff **Printed** Name _____

Please Check Appropriate Box:

FACULTY & STAFF

- 1 Month Membership \$20.00
- 12 Month Membership \$192.00
- 1 Month Spouse/Dependent \$15.00
- 12 Month Spouse/Dependent \$135.00

ALUMNI & GRADUATES

- 1 Month Membership \$25.00
- 12 Month Membership \$250.00
- 1 Month Spouse/Dependent \$20.00
- 12 Month Spouse/Dependent \$200.00

COMMUNITY MEMBERSHIP

- 1 Month Membership \$40.00
- 12 Month Membership \$350.00
- 1 Month Spouse/Dependent \$25.00
- 12 Month Spouse/Dependent \$250.00

Summer 2017 – Updates

- ❖ *Private Swim Lessons Available: please contact Jonathan Stewart at 302-857-7727 (jstewart@desu.edu)*
- ❖ **ALL FACULTY MEMBERS MUST HAVE AN WRC ISSUED ID TO ENTER FACILITY**

Additional Purchases / Promo Code

- Half Lockers \$15.00
- Full Lockers \$20.00
- 1YR Member Free Locker

****Please keep note that we do not give refunds for memberships, all inquiries will be determined through the Executive Director of the Wellness & Recreation Center***

Office Use Only:

- Membership ID Created
- Entered in Excel
- Entered in EZ Facility
- Scanned to Folder

PAR-Q

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.

By answering this PAR-Q and you are between the ages of 15 and 69, it will help decide if you should check with your physician before becoming more active. If you are over 69 years of age

If you are planning to become more physically active than you are now, please answer these questions as honestly as possible: *Please Circle only one answer per question*

1. Has your physician ever stated that you have a heart condition, and that you should only do physical activity recommend by them? YES or NO
2. Do you feel pain in your chest when you do physical activity? YES or NO
3. In the past month, have you had chest pains when you are not doing physical activity? YES or NO
4. Do you lose your balance due to dizziness or do you ever lose consciousness? YES or NO
5. Do you have a bone or joint problem (e.g. back, knee or hip) that could be worsen by a change in your physical activity?
YES or NO
6. Is your doctor currently prescribing drugs (e.g. water pills) for your blood pressure or heart condition?
YES or NO
7. Do you know any reason that you should not do any physical activity (including pregnancy or temporary illness)?
YES or NO

If you answered YES to any of these question...

Please consult with your physician by phone or in person before you start becoming much more physically active. Tell your doctor about the PAR-Q and which questions you answered YES,

Please sign to indicate that you have received authorization to exercise from your physician

Signature _____ Date: _____

Assumption of Risk and Warning

In consideration for being allowed to utilize the programs, services, facilities and equipment in the Wellness & Recreation Center, I voluntarily agree to assume all risks involved in participating in or using the programs, services, facilities and equipment of the Wellness & Recreation Center. I understand that there are risks and hazards, minor and serious, associated with participation in athletic and fitness related activities. I recognize that there are both probable and unexpected risks of injury or death that may occur as a result of my participation in or use of the Wellness & Recreation Center, facilities and equipment that cannot be specifically listed. Further, I recognize that the actions of other users of the Wellness & Recreation Center programs may cause harm or loss to my person or property. I understand that I am using the Wellness & Recreation Center at my own risk and that the Department of Wellness & Recreation as well as Delaware State University is not responsible for any injury or loss incurred by me during my use of the facilities.

Release of Liability

I release and forever discharge Delaware State University, the Department of Wellness & Recreation, the Wellness & Recreation Center and the employees, agents or representatives of all of the above from any and all liability, claims, costs, and expenses resulting from any injury or loss that I sustain in connection with my use of the services, facility, and equipment in the Wellness & Recreation Center (including loss or damage to my person or property caused by other users of the program and/or facilities).

If any part or portion of this Assumption of Risk and Release of Liability is determined to be invalid or unenforceable, the remaining parts or portions shall be enforceable. I have carefully read this Assumption of Risk and Release of Liability and fully understand its contents. I am aware that this Assumption of Risk and Release of Liability is a contract between Delaware State University, the Department of Wellness & Recreation, the Wellness & Recreation Center and the employees, agents or representatives and I sign it of my own free will.

Before signing this document, I have read, understood, and hereby agree to the assumption of risk and liability terms as defined on the fitness membership application form.

Printed Name of Participant: _____

Signature: _____ Date: _____