

Rocket-Ex Registration Form – Fall 2009

A. PARTICIPANT INFORMATION *(Please PRINT clearly – one registration form per participant.)*

Name: _____ Email: _____

Phone: _____ UT extension: _____

Select Affiliation:

- Faculty/Staff *full time* Health Science Campus Faculty/Staff
 Faculty/Staff *part time* Spouse/Partner of current main campus employee
 Student Alumni
 Community Member Retired/Emeriti

B. REGISTRATION CATEGORY *(Please complete the section that applies to you.)*

1. Members & Students *(walk-in classes are free of charge, \$30 to reserve a spot for the semester)*

This category includes everyone that will have a current SRC membership during the session for which they are registering (short term memberships are NOT included). This category also includes all current UT students, taking classes for credit during the session for which they are registering.

R # _____ OR Member # _____

2. Non - Members *(you pay full price for Rocket-Ex classes)*

This category includes all participants who do NOT have a current SRC membership, but would like to take advantage of the fitness opportunities offered. This category may include community participants, Health Science Campus employees who do NOT wish to purchase a membership, or other affiliates such as Alumni, Retired or Emeriti who did NOT purchase a membership, but would like to participate in a class.

Member # _____

(If you do not have a member # previously assigned by the SRC, one will be assigned when you receive your ID card.)

C. CLASS INFORMATION *(See the Fall 2009 Rocket-Ex Class Schedule.)*

Class	Day(s)	Time	Class Fee
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

D. ID CARD, PARKING PASS AND PAYMENT INFORMATION

___ I need an ID (\$10 - Required unless you have a rocket card or SRC membership card.)

___ I need a parking permit (\$22 - Lot 18 only)

Payment due: Total Class Fees \$ _____ + Parking \$ _____ + ID \$ _____ = Total \$ _____

OVER – Participants are required to read and sign the informed consent on the back of this form.

OFFICE USE ONLY

Date Received: _____ Amount \$ _____ Payment Type: _____

PAID: _____ SRC Staff Initials: _____

Registered: ___ Consent Signed: ___ ID: ___ Parking: ___ #visits: ___ encoded: ___ stats: ___

CONFIRMATION: Phone _____ or Email _____ Staff: _____

NOTE: Failure to legibly and fully complete forms will result in delayed or failed registration.

Class Pricing:

The Yoga and Pilates classes **require** payment from Members and Students as well as Non-members because they are in high demand, and are structured around a progressive learning program which requires consistent attendance.

Members & Students: \$30
Non-Members: \$140

Cost includes one class per week:
Mon 5:45pm Yoga

All other Rocket-Ex classes are free to Members and Students and are held on a first come, first serve basis. Members and Students **may** pay \$30 to **reserve** a spot for the semester as long as they arrive to class on time. Non members must pay \$140 per class for the semester. We recommend you do this for Spinning classes as they fill quickly.

Rocket-Ex Informed Consent Form

There exists a risk to exercise participation including, but not limited to: abnormal blood pressure, fainting, irregular, fast or slow heart rhythm, stroke, heart attack, and/or death. I attest that I know and fully comprehend the importance and relevance of the material risk of exercise. I am of full sound mind and give consent voluntarily, and not under any mistake of fact or duress.

I further understand that any and all expense arising from an accident or injury to myself or to The University of Toledo property including, but not limited to, ambulance and emergency medical services, are my sole responsibility. I understand that the Office of Recreation at The University of Toledo strongly recommends that all participants have a physical examination before participation and further recommends that I purchase insurance to cover all accidents/injuries.

I hereby consent to voluntarily engage in an exercise program to increase the state of my health. My permission to perform exercise is given voluntarily. I understand that I am free to stop participation at any point, if I so desire.

Participant signature: _____ Date: _____

NOTE; THE SECTION BELOW IS OPTIONAL. ANY ANSWERS GIVEN WILL REMAIN CONFIDENTIAL.

Age: _____ Gender: F M Emergency contact and phone #: _____

1. Check and provide an **explanation** if you have any of the following conditions:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Heart disease | <input type="checkbox"/> Arthritis/bursitis | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Past Heart attack |
| <input type="checkbox"/> Back problems | <input type="checkbox"/> Recent surgery | <input type="checkbox"/> Past Heart surgery | <input type="checkbox"/> Lung disease |
| <input type="checkbox"/> Hernia | <input type="checkbox"/> Heart murmur | <input type="checkbox"/> Muscle disease/injury | <input type="checkbox"/> Currently pregnant |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Asthma/allergies | <input type="checkbox"/> Joint injury/pain | <input type="checkbox"/> Smoking history |

Explain: _____

2. Have you ever experienced any of the following symptoms:

- | | | |
|--|---|---|
| <input type="checkbox"/> Chest pain/pressure | <input type="checkbox"/> Skipped/irregular heart beat | <input type="checkbox"/> Shortness of breath or unusual fatigue |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Fainting | <input type="checkbox"/> Seizures |

3. If you have checked **any** of the conditions listed above, has your physician approved you to exercise?

- No Yes **If not, please consult with your physician before beginning an exercise program.*

4. Are you currently taking any medication, pills, or drugs? No Yes

If yes, please provide the **name(s)** of the medication and **reason(s)** for taking the medication.

Medication(s): _____