

**TC3 FITNESS CENTER  
Membership Application**

Last \_\_\_\_\_ First \_\_\_\_\_ Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Sex \_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Student/ Member ID number:  7

Email \_\_\_\_\_ @ \_\_\_\_\_

**EMERGENCY CONTACT:**

Local Address \_\_\_\_\_

Name \_\_\_\_\_

City \_\_\_\_\_

Relationship \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone H ( ) \_\_\_\_\_ W ( ) \_\_\_\_\_

Phone H ( ) \_\_\_\_\_ W ( ) \_\_\_\_\_

Physician \_\_\_\_\_

Phone ( ) \_\_\_\_\_

Hospital \_\_\_\_\_

Phone ( ) \_\_\_\_\_

Special Needs/Medication \_\_\_\_\_

TC3 Staff \_\_\_\_ FSA (Staff) \_\_\_\_ TC3 Student \_\_\_\_ Activity Fee \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_

TC3 Dep. \_\_\_\_ TC3 Alumni Association Member \_\_\_\_ 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.

**THERE ARE NO REFUNDS ON TC3 FITNESS CENTER MEMBERSHIPS**

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_/\_\_\_\_/\_\_\_\_  
(Date)

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

**The FSA of TC3 strongly suggests that before starting any exercise program you have a physical by a physician and discuss with him/her your exercise intentions.**

**I acknowledge that I have participated in an orientation session, and if requested have received instruction regarding proper usage of the equipment in the TC3 Fitness Center.**  
 \_\_\_\_ One on one \_\_\_\_ Group \_\_\_\_ Class

\_\_\_\_\_  
Members Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Coordinator's Signature

**FOR OFFICE USE ONLY:**

Date entered power campus \_\_\_\_/\_\_\_\_/\_\_\_\_ Date entered TC3 applications \_\_\_\_/\_\_\_\_/\_\_\_\_

## PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (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.

YES NO

- \_\_\_ \_\_\_ 1. Has your doctor ever said you have heart trouble?  
Yes, \_\_\_\_\_
- \_\_\_ \_\_\_ 2. Do you frequently have pains in your heart or chest?  
Yes, \_\_\_\_\_
- \_\_\_ \_\_\_ 3. Do you often feel faint or have spells of severe dizziness?  
Yes, \_\_\_\_\_
- \_\_\_ \_\_\_ 4. Has a doctor ever said your blood pressure was too high?  
Yes, \_\_\_\_\_
- \_\_\_ \_\_\_ 5. Has a doctor ever told you that you have a bone or joint problems such as arthritis that has been aggravated by exercise, or might be made worse with exercise?  
Yes, \_\_\_\_\_
- \_\_\_ \_\_\_ 6. Is there a good physical reason not mentioned here why you should not follow an activity program even if you wanted to?  
Yes, \_\_\_\_\_
- \_\_\_ \_\_\_ 7. Are you over the age of 60 and not accustomed to vigorous exercise?  
Yes, \_\_\_\_\_
- \_\_\_ \_\_\_ 8. Do you suffer from any problems of the lower back, i.e. chronic pain, or numbness?  
Yes, \_\_\_\_\_
- \_\_\_ \_\_\_ 9. Are you currently taking any medications that may affect your exercise program? If YES, please specify.  
Yes, \_\_\_\_\_
- \_\_\_ \_\_\_ 10. Do you have any special needs that require assistance while working out? If YES, please specify the condition.  
Yes, \_\_\_\_\_

### If you answered YES to one or more questions:

Written permission is required from a physician before you can participate in an exercise program and/or fitness evaluation testing at Tompkins Cortland Community College.

Physician Clearance Forms may be faxed to: (607) 844-6536 (Please attention to the: *FSA Fitness Center*)

### 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