

# Wallops Fitness Club

## '14 Membership Application

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

Employer: \_\_\_\_\_ Work Phone # \_\_\_\_\_

Mail Stop \_\_\_\_\_ Email Address \_\_\_\_\_  
(Building)

Membership in the Wallops Fitness Club is open to employees of all organizations covered by the Wallops Morale Activities Committee bylaws, pay their annual dues and abide by the Club rules.

Membership is for the calendar year beginning January 1, 2014.

<i>Dues</i>	<b>\$20.00</b>
<i>New Card Fee</i> (waived for current members)	<b>\$ 5.00</b>
<i>Locker Fee</i>	
<i>Large locker</i>	<b>\$10.00</b>
<i>Small locker</i>	<b>\$ 5.00</b>

Please read and sign the following:

In consideration of being accepted as a member of the Wallops Fitness Club, I hereby certify that I am in good health and have received permission from my physician to participate in vigorous physical activities. I understand that the use of Wallops Fitness Club equipment and facilities could result in injury to myself or others. I hereby affirm that I will not use the Club's equipment or facilities without knowing and following safe and proper techniques and procedures. I forswear for myself, my heirs and executors, any and all claims against the Wallops Fitness Club, the Morale Activities Committee, the National Aeronautics and Space Administration and any representatives thereof, for any injury I may suffer as a result of using Wallops Fitness Club equipment or facilities or participating in any activity sponsored by the Wallops Fitness Club even if it can be shown that the injury was the result of negligence or improper maintenance. I also agree that as a member of the Wallops Fitness Club, I share in the responsibility in maintaining the Club equipment in safe working condition and the facilities in a neat and orderly fashion.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Last Year's Card Number: \_\_\_\_\_ Locker Number: \_\_\_\_\_

π Please add my name to the waiting list for a locker

Please Turn Over And Complete

## Physical Activity Readiness Questionnaire (PAR-Q)

The PAR-Q is designed to help you help yourself. 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 activity in your life.

For most people, physical activity should not pose any problems or hazard. The PAR-Q has been designed to identify the small number of adults for whom physical activity might be inappropriate of those who should have medical advice concerning the type of activity most suitable for them.

Common sense is your best guide in answering these few questions. Please read them carefully and check the correct answer opposite the question as it applies to you.

YES	NO	
		1. Has your doctor said that you have a heart condition and that you should only do physical activity recommended by a doctor?
		2. Do you feel pain in your chest when you do physical activity?
		3. In the past month, have you had chest pain when you were not doing physical activity?
		4. Do you lose your balance because of dizziness or do you ever lose consciousness?
		5. Do you have bone or joint problems that could be made worse by a change in physical activity?
		6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition, and the <b><u>drugs are not working</u></b> ?
		7. Do you know of <u>any other reason</u> why you should not do physical activity?

If you answer “YES” to one or more questions, you must get a written medical clearance from a physician before you can use the facilities of the Wallops Fitness Club.

**In case of emergency do the following: 1) assess the problem; 2) proceed with “common sense”; 3) if necessary call ext. 911 (for fire, sickness or injury) or call the “Help Desk” at ext. 2466 (for building problems such as water leaks, broken windows, etc.); 4) state the problem; 5) follow their instructions; 6) and / or use your common sense to safeguard yourself and others from harm.**

I, \_\_\_\_\_ hereby certify that I have read and understand all of the above information and have answered all questions truthfully. It my responsibility to notify the Fitness Club of any changes in my health condition that might affect my ability to safely participate in physical activity. \_\_\_\_\_ (Sign and date here).