

(Please print clearly.)

First Name	MI	Last Name	Banner ID # (if none, URec will assign a FOY ID#)
Address		City	State Zip
Primary Phone	Alternate Phone	Email	Date of Birth (optional)
Emergency Contact Name		Emergency Contact Primary Phone	Emergency Contact Relationship

Affiliation	Fees (non-refundable)			
	Full Semester	Pro-Rate (after break)		
<input type="checkbox"/> Alumnus (grad. yr. _____ / <input type="checkbox"/> prev. attended) <input type="checkbox"/> Contractor (custodial, food service, bookstore) <input type="checkbox"/> Govs Club <input type="checkbox"/> Other _____	<input type="checkbox"/> \$120	<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	<input type="checkbox"/> \$75	<input type="checkbox"/> fall break <input type="checkbox"/> spring break
<input type="checkbox"/> Spouse [†] <input type="checkbox"/> Dependent Age 16 or older [†] <input type="checkbox"/> Dependent Under 16 [†]	<input type="checkbox"/> \$120		<input type="checkbox"/> \$75	<input type="checkbox"/> summer I <input type="checkbox"/> summer II
<input type="checkbox"/> \$80			<input type="checkbox"/> \$45	
[†] Sponsor's Information: Name _____ ID# _____ Check sponsor's affiliation: <input type="checkbox"/> APSU Student <input type="checkbox"/> Permanent* APSU Fac./Staff <input type="checkbox"/> Adjunct/Temporary APSU Employee <input type="checkbox"/> Retiree <input type="checkbox"/> Alumnus <input type="checkbox"/> Middle College <input type="checkbox"/> Contractor <input type="checkbox"/> Govs Club <input type="checkbox"/> Other _____				
<input type="checkbox"/> Electronic Fee Transfer (6 mo. min.) Requires completion of the Authorization for Electronic Transfer Form <input type="checkbox"/> Payroll Deduction Spouse/dependent of <i>permanent* faculty/staff only</i> . Requires completion of the APSU Payroll Deduction Authorization Form				

* Permanent employee is any APSU employee receiving **full** benefits.

Informed Consent, Acknowledgement of Risk and Assumption of Liability

In addition to the payment of any non-refundable fee, in consideration of gaining access to the University Recreation facilities and services, on behalf of myself, my family, my heirs and my assigns, I hereby release and hold harmless the department of University Recreation, Austin Peay State University, its employees and agents, the Tennessee Board of Regents, and the State of Tennessee from liability for injury, death or property loss suffered by me while I am using recreation facilities, equipment or in any way associated with participating in University Recreation activities.

I acknowledge that I have read, understand and appreciate the inherent risks of using recreation and/or fitness equipment and facilities, and participating in the recreation and/or fitness activities that I choose. I know that these risks range from minor scrapes, strains and bruises to significant injuries such as broken bones, eye injury or loss, concussion, paralysis and even death, and may result from my own actions, the actions of others or a combination of both. By the execution of this agreement, I fully assume the inherent risks associated with the facilities, equipment and activities provided through University Recreation and assert that my participation in them is voluntary.

I hereby consent to and authorize Austin Peay State University to use and/or reproduce photographs (which have been taken of me in conjunction with this event by an APSU official or agent representing APSU) for reproduction in brochures, booklets, print advertisements and/or on APSU's website that promote APSU or a department, office, program of APSU. The negatives/pictures of me are the property of APSU to be used only as described above.

Signature (dependent under 18: parent/guardian signature required)	Date
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Official Use Only	
Service Desk Staff	Office Staff
<input type="checkbox"/> PAR-Q <input type="checkbox"/> App. Fee Staff Initials _____ Date _____ Receipt: # _____ Amt. \$ _____ / <input type="checkbox"/> Pay. Deduct./EFT	<input type="checkbox"/> Affiliate Verification <input type="checkbox"/> Patron Database <input type="checkbox"/> Activate Card Staff Initials _____ Date _____

Physical Activity Readiness Questionnaire (PAR-Q)

(representative of the American College of Sports Medicine standards)

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.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly.

No	Yes	
<input type="checkbox"/>	<input type="checkbox"/>	1. Has your doctor ever said that you have a heart condition <u>and</u> 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 lose consciousness?
<input type="checkbox"/>	<input type="checkbox"/>	5. Do you have a bone or joint problem 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?

Please note: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

If you answered YES to one or more questions

Talk to 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.

- 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.
- 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:

- Start becoming much more physically active – begin slowly and build up gradually. This is the safest and easiest way to go.
- Take part in a fitness appraisal – this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively.

Delay becoming much more active if:

- You are not feeling well because of a temporary illness such as a cold or a fever – wait until you feel better, or
- If you are or may be pregnant – talk to your doctor before you start becoming more active.

I understand my signature signifies that I have read and understand all the information on the questionnaire, that I have truthfully answered all the questions, and that any questions/concerns I may have had have been addressed to my complete satisfaction.

Name

Date

Signature