

**NORTHWESTERN UNIVERSITY DEPARTMENT OF ATHLETICS & RECREATION
FITNESS & RECREATION FACILITY APPLICATION**

Last Name

First Name & Middle Initial

Address & Apartment Number (if applicable)

City

State

Zip Code

Date of Birth: ___/___/___

Home Phone:(___) _____ - _____

Email Address: _____

Work Phone:(___) _____ - _____

Affiliation to Northwestern: _____

Cell Phone:(___) _____ - _____

WildCARD Barcode # _____

In Case of Emergency, please contact:
_____ (___) _____ - _____

Household Family Members:

	Date of Birth	Gender	Pass #
Spouse: _____	___/___/___	M F	_____
Child: _____	___/___/___	M F	_____
Child: _____	___/___/___	M F	_____
Child: _____	___/___/___	M F	_____
Child: _____	___/___/___	M F	_____

Liability Waiver:

Participation in all fitness and recreation facilities and programs is on a voluntary basis. Northwestern University shall not be liable for any injuries, damage or other such losses which individuals may incur while using fitness and recreation facilities or participating in fitness and recreation programs.

I, the undersigned, specifically assume all risk of injury, damages, or other such losses while using fitness and recreation facilities or participating in any program, exercise or activity at Northwestern or on Northwestern's premises. I waive any and all claims against Northwestern University, its trustees, officers, agents, and employees for any such injuries, damages or other such losses.

X _____ / **X** _____
Signature Date Signature Date

X _____ / **X** _____
Signature Date Signature Date

X _____ / **X** _____
Signature Date Signature Date

-----Office Use Only-----

Affiliation: _____ **Verified by:** _____ **Year** ___ **Month** ___ **Pass#** _____

NORTHWESTERN UNIVERSITY DEPARTMENT OF ATHLETICS AND RECREATION
FITNESS & RECREATION PHYSICAL ACTIVITY SCREENING QUESTIONNAIRE

*There are inherent risks associated with engaging in physical activity. In that regard, it is **HIGHLY** recommended that you consult your healthcare provider **BEFORE** engaging in any physical activity or exercise program.*

If you have ANY of the following conditions, symptoms or health issues, you may need to have medically qualified staff outside of Northwestern University's Department of Fitness & Recreation assist in the guidance of your exercise program.

Please assess your health status by acknowledging all statements that are true.

You have had:

- a heart attack
- heart surgery
- cardiac catheterization
- coronary angioplasty (PTCA)
- pacemaker/implantable cardiac defibrillator/rhythm disturbance
- heart valve disease
- heart failure
- heart transplantation
- congenital heart disease

Symptoms:

- You experience chest discomfort with exertion.
- You experience unreasonable breathlessness.
- You experience dizziness, fainting, blackouts.
- You take heart medications.

Other health issues:

- You have musculoskeletal problems.
- You have concerns about the safety of exercise.
- You take prescription medication(s).
- You are pregnant.

If you have ANY of the following conditions, symptoms or health issues, you might benefit from having qualified exercise staff assist in the guidance of your exercise program.

Please assess your health status by acknowledging all statements that are true.

- You are a man older than 45 years.
- You are a woman older than 55 year or you have had a hysterectomy or you are postmenopausal.
- You smoke.
- Your blood pressure is greater than 140/90.
- You don't know your blood pressure.
- You take blood pressure medication.
- Your blood cholesterol level is >240 mg/dL
- You don't know your blood cholesterol level.
- You have a close blood relative who had a heart attack before age 55 (father or brother) or age 65 (mother or sister).
- You are diabetic or take medicine to control your blood sugar.
- You are physically inactive (i.e. you get less than 30 minutes of physical activity on at least 3 days per week)
- You are more than 20 pounds overweight.

None of the above is true.

I hereby certify that I have read, understood and honestly answered the Physical Activity Screening Questionnaire above. I understand that this questionnaire is not diagnostic, and is for informational purposes only. I understand that there are inherent risks associated with physical activity. Regardless of my answers above, I understand that it is recommended I contact my personal physician or healthcare provider prior to engaging in any physical activity or exercise program. I agree that should my individual circumstances change which would then change my answers to any of the above questions, I will promptly notify the fitness staff, complete a new questionnaire and follow through with the recommendations above.

I understand the risks and benefits associated with engaging in physical activity and acknowledge that I have been advised by Northwestern University to consult with my personal physician before engaging in an exercise program. Upon participation, I do hereby discharge release and hold harmless Northwestern University, its trustees, officers, agents and employees from any and all liability for damage claims or losses of any kind or character whatsoever resulting from any injury or condition I may suffer, including death, or resulting from my participation.

Participant's signature _____ Date _____

Last Name _____ First Name _____

Date of Birth ____/____/____ Best Contact Number: _____

Email address _____

Thank you for choosing to participate in NU Fitness and Recreation programs. Please help us to better serve your needs by taking a minute to select all that apply from each of the groups below. Please rank your top three choices from each group in order of importance, 1 being the most important.

What are your goals & reasons for joining the Sports & Aquatics Center?

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Lose weight/fat | <input type="checkbox"/> Doctor's recommendation | <input type="checkbox"/> Reduce back/neck pain | <input type="checkbox"/> Manage stress/tension |
| <input type="checkbox"/> Reduce risk of heart disease | <input type="checkbox"/> Conditioning for a sport | <input type="checkbox"/> Stop smoking | <input type="checkbox"/> Professional guidance |
| <input type="checkbox"/> Recreation/fun | <input type="checkbox"/> Social interaction | <input type="checkbox"/> Increase endurance | <input type="checkbox"/> Improve energy |
| <input type="checkbox"/> Improve strength | <input type="checkbox"/> Look & feel better | <input type="checkbox"/> Rehabilitation/
injury prevention | <input type="checkbox"/> Other _____ |

What areas of the facility are you interested in using?

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Cardiovascular Equipment | <input type="checkbox"/> Weight Conditioning Equipment | <input type="checkbox"/> Racquetball Courts | <input type="checkbox"/> Tennis Courts |
| <input type="checkbox"/> Squash Courts | <input type="checkbox"/> Pool | <input type="checkbox"/> Basketball Courts | <input type="checkbox"/> Track |

What services are you interested in using or learning more about?

- | | | | |
|--|--------------------------------------|---|---|
| <input type="checkbox"/> Aerobics/Group Exercise | <input type="checkbox"/> Intramurals | <input type="checkbox"/> Fitness Assessments | <input type="checkbox"/> Lifeguard/WSI Training |
| <input type="checkbox"/> Tennis | <input type="checkbox"/> Sport Clubs | <input type="checkbox"/> Nutrition/Weight | <input type="checkbox"/> Youth Tennis |
| <input type="checkbox"/> Youth Aquatics | <input type="checkbox"/> Safety | <input type="checkbox"/> Strength Training | <input type="checkbox"/> Youth Camps |
| <input type="checkbox"/> Squash | <input type="checkbox"/> Yoga | <input type="checkbox"/> Swim Lessons | <input type="checkbox"/> Massage Therapy |
| <input type="checkbox"/> Scuba | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Racquetball | <input type="checkbox"/> Sailing/Windsurfing |
| <input type="checkbox"/> Special Events | Other: _____ | <input type="checkbox"/> Challenge/Leadership | <input type="checkbox"/> Personal Training |
| Other: _____ | | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |

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X _____
(Signature)

Date ____/____/____

Emergency Contact:

Name. _____ Relationship to you _____

Phone (____) _____ - _____
(please print)