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**MEMBERSHIP APPLICATION**

**General Information**

Last name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Initial: \_\_\_\_\_\_\_

Postal code (zip):\_\_\_\_\_\_\_\_\_\_\_\_\_ Are you an OUHSC Campus, State, or City employee? **YES NO**.

If YES where? : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_HR number: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date of Birth\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_ Marital Status: \_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact!

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number:(\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact information (Address, Phone, and E-mail)**

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone :(\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile Phone :(\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other :(\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Billing Information**

If you are NOT an OUHSC Campus employee, please provide the following banking information.

*I authorize the University Health Club and the financial institution named below to make automatic monthly withdrawals from the account below. This authority remains in effect until I notify the University Health Club in writing to cancel this authorization, allowing at least ten (10) days to act upon it.*

Bank Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account Type: \_\_\_\_\_\_\_\_\_\_ Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name on Account: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ABA Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Attach a voided check to this Authorization)

A copy of a driver’s license, an employment ID (if applicable), or an OUHSC Student ID is required.

Applicant Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

**Office Use Only**

Application Fee $\_\_\_\_\_\_\_\_\_\_\_\_

First Month Dues $\_\_\_\_\_\_\_\_\_\_\_\_

Amount Enclosed $\_\_\_\_\_\_\_\_\_\_\_\_

Form of Initial Payment \_\_\_\_\_\_\_\_\_\_\_\_\_

**Office Use Only**

Rate $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Status\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Member #\_\_\_\_\_\_\_\_\_\_\_\_\_



Release of Liability/Membership Agreement

* In consideration of gaining membership or being allowed to participate in the activities and programs of the University Health Club, and to use its facilities and equipment, in addition to the payment of any fee or charge, I do hereby waive release and forever discharge the University Health Club and its officers, agents, employees, representatives, executors, and all others from any responsibility or liability for injuries or damages resulting from my participation in any activities or my use of equipment in the above mentioned facility or arising out of my participation in any activities at or through said facility. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission or any of those mentioned or others acting on their behalf, or in any way arising out of or connected with my participation in any activity of the University Health Club.

**Please initial**\_\_\_\_\_\_\_\_\_\_\_

* I understand and am aware that strength, flexibility, and aerobic exercise, including the use of equipment, are potentially hazardous activities. I also understand that fitness activities involve a risk of injury and even death and that I am voluntarily participating in these activities and using equipment with knowledge of the dangers involved. I hereby agree to expressly assume and accept any risks of injury or death.

**Please initial**\_\_\_\_\_\_\_\_\_\_\_

* I declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation in any of the activities and programs of the University Health Club or use of equipment or facilities except as hereinafter stated. I acknowledge that I have either had a physical examination and have been given by physician’s permission to participate, or that I have decided to participate in activity and/or use of equipment/facilities without the approval of my physician. I hereby assume all responsibility for my participation and activities and use of equipment and facilities in my activities.

**Please initial**\_\_\_\_\_\_\_\_\_\_\_

* I understand that I may ask any question or request further explanation or information about the activities, facilities, equipment, programs, and services offered by the University Health Club before, during, or after my participation. I declare that I have read, understood and agree to the contents of this agreement in its entirety.

**Please initial**\_\_\_\_\_\_\_\_\_\_\_

In consideration of the terms and conditions stated below, the parties agree as follows:

* The member agrees to abide by the policies of the University Health Club. The policies and/or terms of the membership may be amended from time to time. **Please initial\_\_\_\_\_\_\_\_\_\_\_**
* For use of the University Health Club facilities, the member agrees to pay the University Health Club an application fee and monthly dues of the selected membership category. New member dues will be prorated for the current month, and will be collected at the time the member joins. Monthly dues are subject to change pursuant to the policies of the University Health Club, and the University Health Club reserves the right to increase rates and add or delete services upon prior notice to members. **Please initial\_\_\_\_\_\_\_\_\_\_\_**
* In the case of family memberships, additional members must be immediate family (husband, wife, or child age 22 or younger) and residing within the residence. Children over the age of 9 and under the age of 13 are allowed memberships, restricted to direct parental supervision. Children 14 and over are allowed full unsupervised access. Each family member must be listed on the primary member’s account and provide proof of residing within the primary member’s designated residence. All members will be billed on the primary member’s account, including via payroll deduction.

**Please initial\_\_\_\_\_\_\_\_\_\_\_**

* The member may change his/her membership category provided that the member satisfies the application requirements of the new membership category. **Please initial\_\_\_\_\_\_\_\_\_\_\_**
* Dues may be collected by monthly electronic fund transfer or by Annual or Bi-Annual payments in advance. Balances for services or goods not paid for within ninety (90) days may result in cancellation of the membership and all unpaid balances shall be immediately due and payable. Any accounts past due for greater than 90 days are subject to collections, the cost of which the member agrees to pay. **Please initial\_\_\_\_\_\_\_\_\_\_\_**
* OUHSC Employees, Residents, and Postdoctoral Fellows are required to pay monthly dues via payroll deduction the employee is required to provide a new and separate payroll deduct form if he/she intends to cancel or change the status of this membership. This payroll deduction form does not serve as a cancelation form.

**Please initial\_\_\_\_\_\_\_\_\_\_\_**

* A $25.00 late/insufficient funds fee will be charged for unpaid accounts. New and updated billing, address, and telephone information is the responsibility of the member. If an account is overdue more than two months in a six-month period, the member will be required to pay six months of membership dues in advance or the University Health Club will terminate the membership. The $125.00 early cancellation fee will apply. **Please initial\_\_\_\_\_\_\_\_\_\_\_**
* If any charges are applied to an account in error, the University Health Club will refund such charges if notified within 90 days of the incorrect charges from the day of error. **Please initial\_\_\_\_\_\_\_\_\_\_\_**
* All billing will be processed/posted on the first (1) day of each month. **Please initial\_\_\_\_\_\_\_\_\_\_\_**
* This agreement shall be in effect until cancelled or terminated as provided herein. **Please initial\_\_\_\_\_\_\_\_\_\_\_**
* A member is required to provide a written notification if he/she intends to cancel or change the category of the status of his/her membership. If cancelling, the applicable cancellation fee will apply. Members cancelling during a month will be responsible for dues for the current month. For example, cancelling on the 5th day of May, payment of the membership fee for May is required. **Please initial\_\_\_\_\_\_\_\_\_\_\_**
* The University Health Club agrees to provide use of its facilities during business hours as stipulated by the membership category while this agreement is in effect. The University Health Club reserves the right to close the facility for scheduled events, repairs and maintenance with the understanding that its members will be given adequate advance notice. **Please initial\_\_\_\_\_\_\_\_\_\_\_**
* This agreement shall not be assignable by the member. This membership is personal to the member listed on the front of the application. It cannot be cancelled except as otherwise provided herein. **Please initial\_\_\_\_\_\_\_\_\_\_\_**
* MEMBER ACKNOWLEDGES THIS AGREEMENT CONTAINS THE ENTIRE AGREEMENT OF THE PARTIES. THE UNIVERSITY HEALTH CLUB MAKES NO WARRANTIES OR REPRESENTATIONS, EXPRESSED OR IMPLIED, OTHER THAN THOSE SET FORTH HEREIN. If any portion of the agreement is held to be invalid or unenforceable, such portion shall be disregarded and the remainder of the agreement shall remain in full force and in effect.

**Please initial\_\_\_\_\_\_\_\_\_\_\_**

* GUEST POLICY: All guests (non-members) will be charged a guest fee for usage of the University Health Club. All guests must have valid photo identification and are subject to the rules and policies of the University Health Club. Guests under the age of eighteen (18) must have the release of liability form signed by a parent or legal guardian. **Please initial\_\_\_\_\_\_\_\_\_\_\_**
* The University Health Club reserves the right to determine appropriate behavior in the facility and reserves the right to restrict or deny access to the facility to anyone or anything and/or cancel membership. The University Health Club is not responsible for personal belongings. **Please initial\_\_\_\_\_\_\_\_\_\_\_**
* The Health Club Member acknowledges the restricted use of cell phone or video use in the locker rooms. **Please initial\_\_\_\_\_\_\_\_\_\_**
* Failure to regularly attend the University Health Club and utilize its programs and facilities does not relieve the member of the obligation, regardless of the circumstances, to pay for this membership in full unless otherwise provided herein.

**Please initial\_\_\_\_\_\_\_\_\_\_\_**

* A University Health Club membership is based on a twelve (12) month commitment. The membership is open-ended and after the initial twelve months will continue on a month-to-month basis until the member gives the business office the required written notice to cancel. If the member cancels prior to the initial twelve (12) month period, the member agrees to pay a $125.00 cancellation fee. **Please initial\_\_\_\_\_\_\_\_\_\_\_**
* If an employee of a corporation that pays for employee memberships ends employment under any circumstance within the 12-month commitment, the employee agrees to assume responsibility for the membership dues or a $125.00 early cancellation fee. A written notification of cancellation is required to end the membership. **Please initial\_\_\_\_\_\_\_\_\_\_\_**
* The $125.00 cancellation fee will not apply if a medically documented event, such as a severe illness or other condition from which the member is not expected to recover, is provided; or, if the member provides sufficient documentation that he/she is moving out of the Oklahoma City metro area. **Please initial\_\_\_\_\_\_\_\_\_\_\_**

I agree to these membership and release of liability terms.

Member Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witnessed and Signed this \_\_\_\_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_\_\_\_\_\_\_.

|  |  |  |
| --- | --- | --- |
| **Yes** | **No** | PRESCREENING QUESTIONNAIRE |
| \_ | \_ | 1. Has a doctor ever said that you have a heart condition and recommended only medically supervised activity? |
| \_ | \_ | 1. Do you have chest pains brought on by physical activity? |
| \_ | \_ | 1. Have you developed chest pain in the past month? |
| \_ | \_ | 1. Have you on more than one occasion lost consciousness or fallen over as a result of dizziness? |
| \_ | \_ | 1. Do you have a bone or joint problem that could be aggravated by the proposed physical activity? |
| \_ | \_ | 1. Has a doctor ever recommended medication for your blood pressure or a heart condition? |
| \_ | \_ | 1. Are you aware, through your own experience or a doctor’s advice, of any physical reason that would prohibit you from exercising without medical supervision? |
| **If you answer “yes” to any of these questions, we will require you to see your personal physician or healthcare provider before becoming a member at the University Health Club to obtain a medical clearance. The medical clearance can be faxed to 405-271-6633 or be delivered to the front desk.**  Adapted from Shepard et al. (22) and Thomas et al. (24)  AHA/ACSM Joint Position Statement: Recommendations for Cardiovascular Screening, Staffing, and Emergency Policies at Health/Fitness Facilities  Member Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

