

# Faculty Staff Fitness Class Registration Form

Thank you for registering for Faculty Staff Fitness. We want to make the process as easy as possible. ALL questions asked are required for our new database so please provide a fully completed form. Credit/Debit, Check, or Exact Cash accepted. Checks payable to: Faculty Staff Fitness (FSF). If you have any questions about registration, please contact Nate Hill (Office Manager) at 541-737-3222 or PAC.FSF@oregonstate.edu

First Name

Last Name

Phone Number:

E-mail Address:

Birth Date:

Gender:

University  
Affiliation:

Academic/Professional

Classified/Staff

Male

GTA/GRA

Spouse/Partner

Female

Retired

Affiliated

Department:

OSU ID # (not required for Retired/Spouse/Partner):

## Class #1 Information

Name of Class:

Days of the Week:

Time of Class:

Term:

Cost:

Monday

Tuesday

Wednesday

Thursday

Friday

## Class #2 Information

Name of Class:

Days of the Week:

Time of Class:

Term:

Cost:

Monday

Tuesday

Wednesday

Thursday

Friday

Land Class Pricing: 1 day per week \$55, 2 days per week \$88, 3 days per week \$114

Aqua Aerobics & Swim Pricing: 1 day per week \$60, 2 days per week \$96, 3 days per week \$125

FOR OFFICE USE ONLY: ( ) Cash ( ) Card ( V / M / D / AE ) ( ) Check (# \_\_\_\_\_) INITIALS: \_\_\_\_\_

**Locker Information (Optional)**

Cost: \_\_\_\_\_

Building:	Size:	Duration:
WB	Basket	Term (_____)
Lang	Half Locker	Academic Yr. (Sep.-Mid Jun.)
	Full Locker	Calendar Yr. (Mid Jun.-Mid Jun.)

**INFORMED CONSENT FOR PARTICIPATION IN THE FACULTY STAFF FITNESS PROGRAM**

I understand that this program may or may not benefit my physical fitness or general health. I also understand that there is a risk of injury from sprains/strains to heart attacks and possible death as a result of my exercise, but knowing these risks, I desire to participate. I further understand that there are also other remote risks that may be associated with this program and/or its instruction. Despite the fact that a complete accounting of all of these remote risks has not been provided to me, I still desire to participate. If I have not regularly engaged in a physical activity recently, it will be in my best health interest to first consult with my physician before beginning this program. Additionally, I will participate in a manner consistent to OSU's Core Values of: Accountability, Diversity, Integrity, Respect, and Social Responsibility. If at anytime I disregard or break one of the core values I may be asked to leave.

I represent that I am at least 18 years of age and that I have read and fully understood the above paragraph and am knowingly and voluntarily executing this release without compensation to myself. I acknowledge that I have read this document in its entirety, or had it read to me if I am unable to read it, and desire to participate in the program provided by OSU as indicated by my signature on this form.

**MEDIA RELEASE**

I authorize Oregon State University, and those acting pursuant to its authority to: (a) Record my participation and appearance in FSF Classes on videotape or audiotape, in photographs, or in any other recorded medium. I understand that these recordings may be used in any medium, including print, Web, social media networks, video or audio. (b) Use my name, likeness, voice, and biographical material in connection with recordings. I waive any right I might have to inspect and/or approve the finished medium, or the use to which it may be applied. I understand that Oregon State University is not responsible for the unauthorized use of my name, likeness, voice or biographical material by third parties, including, but not limited to downloading of images and videos from the Internet or social media networks such as YouTube, Facebook or Flickr

**( ) I decline to provide the above Media Release**

**REFUNDS**

The office must be notified within the first two weeks of the term (only exceptions; cancelled class or leaving the institution). Must fill out our request form with the following information; the name of the class you are cancelling, your OSU ID# and campus address and the reason for cancellation. It is routine for the process to take 2-3 weeks for you to receive a refund.

**CREDITS**

In order to best maintain the sustainability of the FSF program, we do not offer credits for classes beyond the first two weeks of the term. If you have an unexpected emergency situation, such as an injury, that prevents you from participating in the class you have signed up for, please let us know right away so that we can help you find a class to transfer into.

**CLASS TRANSFERS**

A participant is able to transfer payment of a class to another class within the first two weeks of the term (or immediately following injury that prevents participation). Participant must inform the office of this change so we can update our records.

## PAR-Q Consent Form

### General Health Questions:

1. Has your doctor ever said that you have a heart condition OR high blood pressure?
2. Do you feel pain in your chest at rest, during your daily activities of living, OR when you do physical activity?
3. Do you lose balance because of dizziness OR have you lost consciousness in the last 12 months? (answer "no" if dizziness was associated with over-breathing during vigorous exercise)
4. Have you ever been diagnosed with another chronic medical condition (other than heart disease or high blood pressure?)
5. Are you currently taking prescribed medications for a chronic medical condition?
6. Do you currently have (or have you had within the last 12 months) a bone, joint, or soft tissue (muscle, ligament, or tendon) problem that could be made worse by becoming more physically active? (answer "no" if you had a problem in the past, but it does not limit your current ability to be physically active)
7. Has your doctor ever said that you should only do medically supervised physical activity?

If you answered "Yes" to any of the above questions and haven't already talked to your doctor about it, we recommend discussing your participation in a new physical activity class before the first day of class. Please check the box below that you have read our recommendations, and feel free to share any exercise limitations with your instructor so we can best serve you in your class.

Signature:

Date: