



Keytag # \_\_\_\_\_

### NCK Tech Student Membership

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Age \_\_\_\_\_

Home Address \_\_\_\_\_ Phone # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\*Email Address \_\_\_\_\_ (used by NCKWC only)

NCKTC Dept. (Program) \_\_\_\_\_

Emergency Contact (Name) \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_

Primary Physician or Hosp. \_\_\_\_\_ City, State \_\_\_\_\_ Phone \_\_\_\_\_

DO YOU HAVE OR HAVE YOU HAD:  
(Please answer YES or NO)

- \_\_\_\_\_ \*a history of heart disease(yourself, father, mother, siblings)
- \_\_\_\_\_ \*high blood pressure
- \_\_\_\_\_ \*high cholesterol
- \_\_\_\_\_ \*diabetes (insulin or non-insulin)
- \_\_\_\_\_ \*a thyroid disorder (hypo/hyper)
- \_\_\_\_\_ a stroke
- \_\_\_\_\_ pulmonary disease (asthma, emphysema, chronic bronchitis)
- \_\_\_\_\_ surgery within the last 2 years: list surgery & date \_\_\_\_\_

DO YOU EVER HAVE:  
(Please answer YES or NO)

- \_\_\_\_\_ \*chest, jaw or arm pain that gives you discomfort at rest and/or during exercise
- \_\_\_\_\_ \*shortness of breath at rest or with mild activity
- \_\_\_\_\_ \*dizziness
- \_\_\_\_\_ \*difficulty breathing unless upright
- \_\_\_\_\_ \*heart palpitations or murmur
- \_\_\_\_\_ \*extra fatigue with usual activities

- Yes No Do you smoke?
- Yes No Do you have any other chronic illness (i.e. anxiety, seizure disorder, epilepsy, multiple sclerosis, Alzheimer's, dementia, hearing loss, etc.)? What? \_\_\_\_\_
- Yes No Have you had advice from a physician NOT to exercise? Why? \_\_\_\_\_
- Yes No Do you have muscle, joint, or back problems that become worse with physical activity? What? \_\_\_\_\_
- Yes No Females: Are you now pregnant or have you been pregnant within the past three months?

List medications you are taking and your reason for taking them: \_\_\_\_\_

Is there anything else we need to know that is not listed? \_\_\_\_\_

**\*\*See Reverse Side**

## MEMBER AGREEMENT

I hereby make application for membership to the NCK Wellness Center. I agree to abide by rules and regulations of the facility. I agree to pay all prevailing monthly dues so long as I or any of my other immediate family members retain any membership. I understand my membership is non-transferable and dues are subject to change.

### INFORMED CONSENT AND LIABILITY RELEASE

NCK Wellness Center Inc. is not responsible for lost or stolen articles under any circumstances. Memberships are non-transferable and non-refundable. No part of the membership cost shall be refunded or transferred for any reason. Upon the signing of this agreement, the member will be held responsible for the payment option chosen.

Membership benefits/rules and regulations: Members agree to abide by all the rules and regulations of the NCK Wellness Center Inc., including any amendments thereto. NCK Wellness Center Inc. may change the rules and regulations, facility hours, the services available, the membership rates, and membership benefits without notice. Any changes shall not affect the member's obligation to make the full payment for the membership term as provided above. NCK Wellness Center Inc. shall have the authority to cancel any member's membership for any violation of this agreement or the rules and regulations of the Center.

Informed consent for fitness instruction: The NCK Wellness Center staff reserves the right to refuse membership or require a physician's authorization for the participation in exercise, based on the participant's individual risk factor(s) as determined by ACSM standards.

I understand that NCK Wellness Center Inc. strongly recommends, in accordance with the American College of Sports Medicine guidelines, a physician consultation for a health screen to determine any precautions or contraindications to exercising prior to the exercise evaluation. If I choose to not obtain such a consultation, I understand that I am exercising at my own risk. I understand that it is my responsibility as the participant to practice safe exercise; stay within my target heart rate or appropriate RPE range and include a brief warm-up and cool-down with each session. It also is my responsibility to inform the staff if there is a change in my health status or a change in my medications.

I understand a lifeguard will be on duty during afternoon and weekend pool hours and that morning pool hours will be monitored. I agree to assume the risk of participation in exercise in the fitness center, pool, and in any indoor or outdoor instructor-led exercise classes, and further agree to release and forever discharge NCK Wellness Center Inc. and its staff members and instructors from any and all claims, suits, losses or related causes of action from damages, including, but not limited to, such claims that may result from my injury or death, during or arising in any way from any program participation.

In signing this membership agreement and consent form, I the participant affirm that I have read this form in its entirety and that I understand the description of the memberships and their components. I also affirm that my questions regarding the fitness instruction and/or testing have been answered to my satisfaction.

\_\_\_\_\_  
Student Member Name Printed

\_\_\_\_\_  
Student Member's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Wellness Center Staff

\_\_\_\_\_  
Date