



# GLENDON ATHLETIC CLUB

## Immersion Student MEMBERSHIP

### **PRIMARY MEMBER**

*Please fill out the following information about yourself.*

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

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

Apt. No: \_\_\_\_\_

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

Postal Code: \_\_\_\_\_

Res. Phone: (\_\_\_\_\_) \_\_\_\_\_

Bus. Phone: (\_\_\_\_\_) \_\_\_\_\_

Date of Birth: M\_\_\_\_\_/D\_\_\_\_\_/Y\_\_\_\_\_

**NOTE: Please present ID to verify date of birth  
If Under 18 years old – Parents need to sign waiver & PAR Q**

### **AGREEMENT AND WAIVER**

*Please read carefully and sign the agreement below.*

- I understand that payment is due in full and that a reactivation fee will be charged if my membership lapses.
- I understand that my athletic membership is non-transferable and non-refundable.
- I have read the regulations of the Glendon Athletic Club outlined in the Membership Regulations brochure.
- I understand that if I do not abide by the regulations, the University may suspend or withdraw my privileges.
- I am using the Glendon Athletic Club facilities, equipment, and participating in exercise programs of my own volition.
- I will not hold York University or its employees responsible for any injuries sustained from the use of the facility.
- By signing this agreement, I adhere to the terms of this contract.

**SIGNATURE:** \_\_\_\_\_ **DATE (MM/DD/YY):** \_\_\_\_\_

**\* NOTE: If member is under 18 years of age parents should sign below.**

**Parents Name:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE (MM/DD/YY):** \_\_\_\_\_

### **PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR Q)**

This area must be completed for each member. An affirmative response will require additional information from you and/or your physician prior to membership approval. Please indicate your response with a circle. (Y = YES / N = NO)

QUESTION	Member
Has your doctor ever said that you have a heart condition <b>and</b> that you should only do physical activity recommended by a doctor?	Y N
Do you feel pain in your chest when you do physical activity?	Y N
In the past month, have you had chest pain when you were not doing physical activity?	Y N
Do you lose your balance because of dizziness or do you ever lose consciousness?	Y N
Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?	Y N

Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?	Y	N
Do you know of <u>any other reason</u> why you should not do physical activity?	Y	N

**Comments:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**If you Answered YES TO ONE OR MORE QUESTIONS:**

Talk with 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 to your doctor about the kinds of activities you wish to participate in and follow his/her advice. Find out which programs are safe and helpful for you.

**Signatures are required by the following member:**

**PRIMARY MEMBER:** \_\_\_\_\_  
**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**NOTE: If Dependent is under 18 years of age, the Parent/Guardian must sign on his/her behalf:**

**CHILD NAME:** \_\_\_\_\_  
 \_\_\_\_\_

**Parent's SIGNATURE:** \_\_\_\_\_  
 \_\_\_\_\_

**DATE:** \_\_\_\_\_  
 \_\_\_\_\_