



# Membership Application 2017

NAME: \_\_\_\_\_ SS#: \_\_\_\_\_  
*First M.I. Last for payroll deduction purposes only*

DATE OF BIRTH: \_\_\_\_\_ [ ] MALE [ ] FEMALE

HOME ADDRESS: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_  
*For administrative purposes only – i.e. membership concerns, closings, etc...*

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

AFFILIATION: [ ] [ ] [ ] [ ] [ ]  
*Check one BSI Hospital University KKI Other*

“In consideration for my being permitted to use these facilities, I waive and release forever any and all rights for claims and damages I may have against the Johns Hopkins University or Elevation Corporate Health, and their respective employees, in any manner due to any personal injuries or property loss sustained by me in connection with my use of these facilities. I attest that I am physically fit to engage in the activities made available to me and that I am 18 years of age or older.”

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

>>>I understand that there is a \$5.00 replacement fee for a lost swipe card. (Initial) \_\_\_\_\_

**NO REFUNDS WILL BE ISSUED**

[ ] **Payment in Full**  
[ ] 1 month [ ] 3 months [ ] 6 months [ ] 12 months

*Membership terms less than 6 months are for temporary employees only*

**Total Payment:**

\$

[ ] **Payroll Deduction**

**Six Month Date:**

**Total Pay Period Deduction:**

\$

“I authorize my payroll department to regularly deduct the above-indicated amount from my paycheck. I understand that by signing below, I am obligated for a minimum of 6 months, after which time, **deductions will continue until written cancellation is given.** Deductions will be stopped within 30 days of official notification.” (we cannot guarantee number of exact pay periods)

AUTHORIZING SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**\*\*For OFFICE USE ONLY\*\***

Staff [ ]	Post Doc [ ]	Fee	Affiliation	Semi [ ]	Wkly [ ]	Staff Initial	Member #	Cooley [ ]	SPH [ ]
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# PAR-Q & YOU

NAME \_\_\_\_\_

AGE \_\_\_\_\_

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active everyday. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69 years of age, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check **YES** or **NO**.

YES or NO	
<input type="checkbox"/> <input type="checkbox"/>	1. Has a doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
<input type="checkbox"/> <input type="checkbox"/>	2. Do you feel pain in your chest when you do physical activity?
<input type="checkbox"/> <input type="checkbox"/>	3. In the past month, have you had chest pain when you are not doing physical activity?
<input type="checkbox"/> <input type="checkbox"/>	4. Do you lose your balance because of dizziness or do you ever lose consciousness?
<input type="checkbox"/> <input type="checkbox"/>	5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?
<input type="checkbox"/> <input type="checkbox"/>	6. Is your doctor currently prescribing medication (for example, water pills) for your blood pressure or heart condition?
<input type="checkbox"/> <input type="checkbox"/>	7. Do you know of any other reason why you would not do physical activity?

### YES to one or more questions

Talk with your doctor by phone or in person **BEFORE** you start becoming much more active or **BEFORE** you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered **YES** to.

- 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 community programs are safe and helpful to you.

### NO to all questions

If you answered **NO** honestly to all PAR-Q questions, you can be reasonably sure that you can:

- Start becoming much more physically active – begin slowly and build up gradually. This is the safest and easiest way to go.
- Take part in a fitness appraisal – this is an excellent way to determine your basic fitness level so that you can plan the best way for you to live actively.

Delay becoming much more active:

- If you are not feeling well because of temporary illness such as a cold or a fever – wait until you feel better or
- If you are pregnant – talk to your doctor before you start becoming more active.

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Signature \_\_\_\_\_

Date \_\_\_\_\_



Denton A. Cooley  
Recreation and Fitness Center  
Rules and Regulations

These regulations are adopted by the Cooley Center to protect the health and safety of the members and their guests. The goal of these rules is to regulate the conduct of individuals in such a way to provide maximum enjoyment of the Center's facilities for all members. The Center's Director and Staff are authorized to enforce these rules in a consistent and impartial manner.

**GENERAL**

- Members and their guests must abide by all the rules, regulations and procedures for the Center.
- ONLY ONE GUEST per member will be admitted with appropriate fees paid. Guest visits are limited to 6 times per calendar year.
- Infants and children (under the age of 14) are NOT permitted anywhere in the Center for ANY reason.
- Rough play, objectionable personal conduct, fighting, loud or abusive language or actions unbecoming of a member are prohibited.
- If you plan to use the weight rooms, you MUST re-rack your weights and leave things in a cleanly manner. Your membership may be suspended or revoked if you fail to comply.
- If you remove fitness accessories from a particular room, you must return those items to their proper place.
- If any Cooley Center property (including fitness accessories, towels, equipment, etc.) is consciously removed from the Center by a member, their membership will be terminated immediately.
- Locker fees are not included in membership. Day-use lockers are available but personal items may not be left after business hours.
- The Cooley Center reserves the right to amend or revise these rules and regulations as necessary.

**ATTIRE**

Proper attire including shirts and athletic shoes must be worn at all times. Flip-flops, sandals, bare feet and open-toed shoes are prohibited in the cardio and weight rooms, including the basketball court and track level. Special considerations include YOGA or Pilates.

**FOOD & DRINK**

- Alcoholic beverages and illegal drugs are prohibited. Those appearing to be under the influence of these substances shall be denied admission or asked to leave the Center.
- Food and drink are restricted to the corridor area by the vending machines and the locker room areas.
- Non-spill, plastic squeeze bottles with lids and that contain water only, are permitted in workout areas.
- No cans, cups or glass containers are allowed in the Center.

***The Director reserves the right to cancel or suspend any membership for any cause deemed appropriate, including, but not limited to the failure of any member to comply with the rules and regulations of the Center.***

Signature \_\_\_\_\_

Date \_\_\_\_\_