

# REGISTRATION FORM



Hawley Armory, 359 Mansfield Road, Unit 1101, Storrs, CT 06269-1101

If Already a Member, Please Provide Your <b>MEMBERSHIP NUMBER</b> ↓	→ either ←	NAME: _____ DATE: _____
		ADDRESS: _____
		CITY: _____ STATE: _____ ZIP: _____
		PHONE: (     )     -     EMAIL: _____

OPTIONAL →	Date of Birth:    M M / D D / Y Y Y Y	Gender:    FEMALE         MALE
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**1 MEMBERSHIP Plan:**

<b>Combination Fitness &amp; Exercise Class Club</b> <input type="checkbox"/> 4-month    \$144 <input type="checkbox"/> Annual       \$360	This membership includes Fitness Center membership, <i>unlimited</i> access to all Exercise Classes and towel/locker service. Personal Training and other specialty programs not included.
<b>Fitness Center</b> <input type="checkbox"/> 4-month    \$124 <input type="checkbox"/> Annual       \$300 <input type="checkbox"/> Student     \$ 60/sem. <input type="checkbox"/> Student     \$ 90/yr.	This membership includes use of the <b>Fitness Center</b> and towel/locker service. Student rate is available for one semester or for the academic year.
<b>Exercise Class Club</b> <input type="checkbox"/> 4-month    \$124 <input type="checkbox"/> Annual       \$300	This membership includes unlimited access to <b>all Exercise Classes</b> (including Yoga, Spin, and Zumba) as well as towel/locker service. "Specialty" classes require separate registration & fee.
<b>Senior Fitness Program</b> <input type="checkbox"/> 4-month    \$65	Specialty senior citizen program – pre-registration required.
<b>Locker/Towel Only</b> <input type="checkbox"/> 4-month    \$22 <input type="checkbox"/> Annual       \$58	This membership includes a <i>locker</i> in the Armory, one <i>towel</i> per visit, and access to the <i>shower facilities</i> .
<b>Punch Card*</b> <input type="checkbox"/> 5 Pass       \$27 <input type="checkbox"/> 10 Pass      \$43	Punch cards have an expiration date of <b>6 months</b> from the date of purchase. >> <b>NO</b> locker/towel included with this plan <<  * can be used for the fitness center and/or the exercise classes.
<b>Other Services Available</b> <input type="checkbox"/> Personal Training Session** <input type="checkbox"/> Intro Resistance Classes** <input type="checkbox"/> OTHER (specify in comments)	These services may include one <i>towel</i> per visit and access to the <i>shower facilities</i> . <b>Comments:</b>  ** Ask for prices and availability

**NOTE**

- All registrations must complete a **Waiver**. See the Fitness Center monitor for assistance.
- NO refunds will be given after 2 WEEKS from the date on this form.**

**2 LOCK Information (All Members):**

Lock Number (Serial #) & Locker number: \_\_\_\_\_

All lockers that have not been renewed within **30 days** of the **membership expiration date** will be opened and content removed.

**3** PAYMENT Method:

<input type="checkbox"/> <b>Credit Card: On-line Payment Store</b>	UCONN Payment Store: <a href="http://bursar.uconn.edu/hawley-armory/">http://bursar.uconn.edu/hawley-armory/</a>
<input type="checkbox"/> <b>CASH</b>	Amount: \$ _____ . _____
<input type="checkbox"/> <b>CHECK</b>	Make payable to <b>University of Connecticut</b> Address: Hawley Armory, 359 Mansfield Road, Unit 1101, Storrs, CT 06269-1101
<input type="checkbox"/> <b>PAYROLL DEDUCTION</b>	<b>→ Only for eligible University Faculty &amp; Staff</b> (Full-time state employees only. Students are not eligible for payroll deduction)
<input type="checkbox"/> <i>Classified Payroll</i>	I hereby authorize the State Controller to <b>deduct a TOTAL</b> of \$ <input type="text"/> from my pay at the rate of \$ <input type="text"/> from <b>each paycheck</b> until the total amount is reached. (The minimum deduction per paycheck is \$20.00). The State Controller will remit such deducted funds to The Armory to my credit.
<input type="checkbox"/> <i>Professional Payroll</i>	
Date _____ Employee Number _____	



I confirm the information provided on this form is correct and acknowledge acceptance of Hawley Armory Fitness & Wellness policies as well as terms explained above.

SIGNATURE \_\_\_\_\_



Hawley Armory | Fitness & Wellness

ADMINISTRATIVE USE ONLY

ADMINISTRATIVE USE ONLY

<input type="checkbox"/>	New Member
<input type="checkbox"/>	Membership Plan
<input type="checkbox"/>	Payment Method
<input type="checkbox"/>	Locker
<input type="checkbox"/>	Signature
<input type="checkbox"/>	Update Gym Assistance
<input type="checkbox"/>	Lock Info Entered in Excel

COMMENTS:

INITIAL: \_\_\_\_\_

# INFORMED CONSENT WAIVER of RESPONSIBILITY



2017

In consideration of my voluntary participation in the Hawley Armory facilities, programs, or services, I hereby release and discharge the University of Connecticut and Hawley Armory, affiliates, directors, agents, employees, and any other persons or entities who may be directly or indirectly liable, and the successors and assigns for any and all claims, demands, causes of actions, whatsoever either in law or equity, relating to injury, disability, death, or other harm, to person or property, or both, arising from my participation in a Hawley Armory Fitness Program. In choosing to participate in the Hawley Armory Fitness Program, I understand that I will have the opportunity to engage in regular exercise involving one or more of the following activities: stretching, walking, running, aerobics, stair-stepping, weight training. I further understand that I am free to choose those activities that I most enjoy and that my physician and I deem are safe for participation by me.

I understand that there are some discomforts and risks associated with physical activity, such as muscle soreness, strains, and sprains, as well as cardiovascular problems including abnormalities of blood pressure or heart rate, ineffective heart function, and very rarely, heart attack or cardiac arrest and death. I realize that it is necessary for me to report promptly to the exercise supervisor any signs or symptoms indicating an abnormality or distress.

I understand that there are some discomforts and risks that may be involved in my participation in the exercise classes and waive all claims against the University of Connecticut, Hawley Armory and/or additional parties.

I understand that I am solely responsible for any costs arising out of any bodily injury or property damage sustained through my participation in the Hawley Armory facilities, programs, or services.

I have had sufficient time to review and to seek explanation of the provisions contained above, have carefully read them, understand them fully, and agree to be bound by the. After careful deliberation, I voluntarily give my consent and agree to this Waiver of Responsibility.

The Hawley Armory facilities, programs, or services are open to current UCONN faculty and staff as well as surrounding Storrs community. I certify that I have read the posted Hawley Armory policies and that am eligible to participate in the Hawley Armory facilities, programs, or services.

IN WITNESS WHEREOF, I have hereunto read and acknowledge this day of \_\_\_\_\_ / \_\_\_\_\_ / **2017**.  
MM DD YYYY

**PARTICIPANT**

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**WITNESS**

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**CONTINUE**



## HEALTH SCREENING QUESTIONNAIRE \*\*

YES	NO	
YES	NO	1. Has your doctor ever said you have heart trouble and recommended only medically approved physical activity?
YES	NO	2. Do you have chest pain brought on by physical activity?
YES	NO	3. Have you experienced chest pain at rest in the past month?
YES	NO	4. Have you felt faint, lost consciousness or your balance as a result of dizziness?
YES	NO	5. Do you have a bone or joint problem that could be aggravated by physical activity or made worse with exercise?
YES	NO	6. If your physician currently prescribing medication for blood pressure or a heart condition? (e.g. diuretics or water pills)
YES	NO	7. Are you over the age of 45 and not accustomed to vigorous exercise?
YES	NO	8. Do you have diabetes?
YES	NO	9. Do you have any respiratory problems such as emphysema, asthma, chronic bronchitis?
YES	NO	10. Are you aware, through your own experience or doctor's advice, of any other reason against your exercising without medical approval?

In addition to the questions stated above, it is necessary to obtain medical clearance by a licensed physician if you possess any of the following\*\*\*:

1. You have known cardiovascular, pulmonary or metabolic disease regardless of age
2. You are over the age of 35 with any one or combination of the following:
  - high blood lipid profile (TCH/HDL ratio  $\geq$  above 4)
  - cigarette smoking
  - abnormal electrocardiogram
  - family history of cardiovascular disease prior to the age of 50
  - physically inactive for at least one year

**I have read and understood this screening questionnaire and will consult with my physician before engaging in any exercise activity if the answer to any of the questions above is positive.**

**NAME** (print) \_\_\_\_\_

**DATE**      /      / **2017**  
MM      DD      YYYY

**SIGNATURE** \_\_\_\_\_

\*\*Modified from the Canadian PAR-Q FORMS and from Chrisolm, D.M., et al. "Physical Activity Readiness," BR COL MED, 17: 375-378, 1975

\*\*\*Modified from the 1986 ACSM Guidelines