



SOUTHERN UNIVERSITY
HORACE W. MOODY, SR.

INTRAMURAL SPORTS and FITNESS COMPLEX

Please fill out all appropriate spaces and sign the waiver on this form. If you are a first time registration you must show valid proof of enrollment and/or employment (student I.D., current billing statement, driver's license, employment identification form, etc.)

Name _____ DOB _____
Last First MI Student#/Social Security#
Address _____ City/State _____ Zip _____
Primary Phone () _____ Secondary Phone () _____
Email Address _____
Status: _____ Student _____ Graduate _____ Faculty/Staff _____ Retiree _____ Alumni _____ Sr. Alumni _____
Membership Payment Plan: Semester _____ Monthly _____ Quarterly _____ Yearly _____
Business Address _____ City/State _____ Zip _____
Department/Major _____ Semester _____ Male _____ Female _____ Age _____
Emergency Contact: _____ Relationship _____
Emergency Phone: Daytime () _____ Evening () _____
New Member Orientation? _____ Yes _____ No _____

MEMBERSHIP PLANS TYPE:

EMPLOYEE:

Semester: \$60.00
Monthly : \$15.00
Summer : \$30.00
Monthly : \$15.00

COMMUNITY:

Semester: \$65.00
Monthly : \$20.00
Summer : \$30.00
Monthly : \$15.00

ACCEPTANCE and AGREEMENT

I/We agree that all information provided is true. I/We agree to accept and abide the terms of this Membership Application and Agreement. I/We understand that this membership agreement is for a term of plan and will continue thereafter under the same agreement unless given a notice seven (7) days before automatic renewal date by me (either of us) to membership to change membership plan. _____ Initials

Member Date

Member (Spouse) Date

Accepted By Date

Southern University

Intramural Sports and Fitness Complex

Medical History

Name _____ Male _____ Female _____ DOB ____/____/____
Address _____ City _____ State _____ Zip _____
Telephone (____) _____ E-mail _____
Select One: Student _____ Faculty/Staff _____ Spouse _____ Retiree _____ Alumni _____ Sr. Alumni _____
Community _____

If faculty or staff, please complete:

Department _____ Office # _____ Ext _____
Emergency Contact _____ Relationship _____
Telephone (____) _____

Do you now or have had in the past:

#	Condition/ History	YES	NO
1	History of heart problems, chest pain, or stroke?		
2	Increased blood pressure?		
3	Any chronic illness or condition?		
4	Difficulty with physical exercise?		
5	Advice from a physician not to exercise?		
6	Recent surgery (last 12 months)?		
7	Pregnancy (now or within the last 3 months)?		
8	History of breathing or lung problems?		
9	Muscle, joint or back disorder, or any previous injury still affecting you?		
10	Diabetes or thyroid condition?		
11	Cigarette smoking habit?		
12	Obesity (more than 20% over ideal body weight)?		
13	History of heart problems in immediate family?		
14	Hernia or any condition that maybe aggravated by lifting weights?		

Please explain any yes answers _____

Health concerns _____

List any medications you are taking and the reason _____

Southern University

Intramural Sports and Fitness Complex

INFORMED CONSENT AGREEMENT

Thank you for choosing to use the facilities, service, and programs of the Intramural Sports and Fitness Complex at Southern University. We request your understanding and cooperation in maintaining both your and our safety and health by reading and signing the following informed consent agreement.

I, _____, declare that I intend to use some of or all of the activities, facilities, programs, and services offered by Intramural Sport and Fitness Complex, and I understand that each person (myself included), has a different capacity for participating in such activities, facilities, programs, and services. I am aware that all activities, services, and programs offered are educational, recreational, or self-directed in nature. I assume full responsibility during and after my participation, for my choices to use or apply at my own risk, any portion of the information or instruction I receive.

I understand that part of the risk involved in undertaking any activity or program is relative to my own state of fitness or health, (physical, mental, or emotional) and to the awareness, care, and skill with which I conduct myself in that activity or program. I acknowledge that my choice to participate in any activity, service, and program brings with it my assumption of those risks or results stemming from this choice and the fitness, health, awareness, care, and skill that I possess and use.

I further understand that the activities, programs, and services offered by the Intramural Sports and Fitness Complex are sometimes conducted by personnel who may not be licensed, certified, or registered, instructors or professionals. I accept the fact that the skills and competencies of the employees and/or volunteers will vary according to their training and experience and that no claim is made to offer assessment or treatment of any mental or physical disease or condition by those who are not duly licensed, certified, or registered and herein employed to provide professional services.

I recognize that by participating in the activities, facilities, programs, and services offered by the Intramural Sports and Fitness Complex, I may experience potential health risks including not limited to transient light-headaches, fainting, abnormal blood pressure, chest discomfort, leg cramps, and nausea and that I assume willfully those risks. I acknowledge my obligation to immediately inform the nearest supervising employee of any pain, discomfort, fatigue, or any symptoms that I may suffer during and immediately after my participation. I understand that I may stop or delay my participation in any activity or procedure if I so desire and that I may also be requested to stop and rest by a supervising employee who observes any symptoms of distress or abnormal response.

I understand that I may question or request further explanation or information about the facilities, programs, and services offered by Intramural Sports and Fitness Complex at any time before, during, or after my participation.

I declare that I have read, understood, and agree to the contents of this informed consent agreement in its entirety.

Print Name: _____

Signature: _____

Date: ____/____/____

If 18 or under, signature of parent or guardian: _____ **Date:** ____/____/____