

TIMPANY CENTER



MONTHLY MEMBER INFORMATION

How did you hear about the Timpany Center?

- Doctor Other Medical Professional Internet Mailing SJSU Staff Member
- Friend or Family Member Health Fair Other Source: _____
- NEW MEMBER FORMER MEMBER WITH EASTER SEALS **TODAY'S DATE:** _____

Member Name: _____ Female Male
Phone: (_____) _____ Work/Alt. Phone: (_____) _____
Street Address: _____ Apt# _____
City/State/Zip: _____
Date of Birth: _____ E-mail address: _____
Car Make/Model (if using Timpany Center parking): _____
License Plate #: _____

EMERGENCY CONTACT

Contact's Name: _____ Home Phone: (_____) _____
Relationship to Self: _____ Work/Alt. Phone: (_____) _____

MEDICAL INFORMATION

Physician's Name _____ Phone: (_____) _____

Have you had any surgeries in the past 3 months? Yes No If, yes please explain:

Do any of these conditions pertain to you?

Cardiac condition:	Yes	No	How long: _____	Medicated	Non-medicated
Stroke:	Yes	No	Date: _____		
Pacemaker:	Yes	No	How long: _____	Medicated	Non-medicated
High blood pressure:	Yes	No	How long: _____	Medicated	Non-medicated
Seizures:	Yes	No	How long: _____	Medicated	Non-medicated
Diabetes:	Yes	No	How long: _____	Medicated	Non-medicated
Asthma:	Yes	No	How long: _____	Medicated	Non-medicated
Loss of Bowel Control:	Yes	No	How often: _____		

Please list all medications on page 2.

Medication taken (Please List All, Or Provide a Separate List of Medications Attached to the Back):

Known Allergies: _____

MEDIA RELEASE

I hereby certify that I am an adult over the age of eighteen years, and I hereby **consent/** **do not consent** that any film, photographs, videotape and/ or sound recordings made of me by San Jose State University Department of Kinesiology may be used by SJSU, and/or its affiliates, and those acting with its permission, for the purpose of illustrations, publications or broadcasts in connection with promoting the work of and for the Timpany Center.

I have read the foregoing release and authorization before affixing my signature below, and warrant that I fully understand the contents hereof.

➤ **Member/ Parent/Legal Guardian Signature:** _____ **Date:** _____

POLICIES & PROCEDURES

- All swimmers must take a shower at the Timpany Center before entering the pool.
- Everyone must wear the appropriate showering footwear (**no flip-flops**) when using the showers.
- The need for any member to be accompanied by an attendant in the water is at the sole discretion of the lifeguard. Attendants must stay within arm's length of their dependant swimmer at all times. No exceptions.
- An adult must accompany any dependent under the age of 18.
- For health and safety reasons, the Timpany Center recommends 1 hour of pool use, and a maximum of 2 hours per day. Swimmers using the pool for more than 2 hours will be asked to leave.
- Spa is limited to 10 minutes use at one time.
- Proper swim attire is required – but dark t-shirts and shorts can be worn **over swimsuits**.
- Equipment must be used properly and returned to its proper place after use.
- No Diving. No Running. No. Horseplay. No Exceptions.
- Smoking, gum, food, glass, or metal bottles are not allowed in the pool or surrounding area. Plastic bottled water is allowed.
- Assisted device use is limited to the pool and showers only. Please return assisted devices to the designated areas after use.
- Any person who has any incontinence must wear rubber pants. Disposable diapers are not allowed. No Exceptions.
- Swimmers prone to seizures must wear appropriate wristbands.
- Swimmers must exit the facility ½ hour after the pool closes.
- Enter the pool only when a lifeguard is present.
- Enter the pool by using the ramp, steps, or ladders. When using the ladder, face away from the pool. There is no entering or exiting the pool via the sides.
- Non-swimmers/observers must wait in the reception area.
- Do not hang or sit on the lane lines or ropes.
- Lockers are for day use only. Any locks left overnight will be removed, and belongings left will be discarded.
- Please note that it is our policy that in the case of an emergency, emergency aid will be provided, including calling 911 and transportation for emergency care.
- The Timpany Center, nor its affiliates, is responsible for any lost or stolen items.
- Please do not leave your personal items in the changing stall located in the dressing rooms while in the pool or shower.
- If you require assistance during a class, you are responsible for providing your own attendant and the attendant must pay the attendant fee.
- I understand all the pool rules and will follow the lifeguard's instructions at all times.
- I understand all the class policies regarding payment, enrollment, and cancellations.
- I understand lap swim and family swim etiquette.
- I understand that San Jose State University Department of Kinesiology staff are considered mandatory reporters of child and elder abuse under the Welfare and Institutions code, Chapter 11, Section 15630 (a)(1)(2) and 15633 (a)(b).
- In accordance with Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973 and the Age Discrimination Act of 1975, San Jose State University Department of Kinesiology will not discriminate on the basis of race, color, national origin, disability or age in the admission or treatment of its members or employees.
- I agree to adhere to the Timpany Center Code of Conduct.

I understand all information included herein, and agree to abide by these policies and procedures while using the Timpany Center.

➤ **Member/ Parent/ Legal Guardian Signature:** _____ **Date:** _____

AGREEMENT AND RELEASE FROM LIABILITY

VOLUNTARY PARTICIPATION

I, _____ hereby acknowledge that I have voluntarily applied to use the Timpany Center located at 730 Empey Way, San Jose, California 95128, to participate in various sporting activities in the facility, including, but not limited to, activities in the swimming pools and gymnasium.

ASSUMPTION OF RISK

I AM AWARE THAT AQUATIC-BASED AND/OR LAND-BASED RECREATIONAL ACTIVITIES CAN BE HAZARDOUS. I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED, I HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH, AND I VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE _____.

RELEASE

As consideration for being permitted by SJSU or one of its affiliated organization to participate in these activities and use their facilities, I hereby agree that I, assignees, heirs, distributees, guardians, and legal representatives will not make a claim against, sue, or attach the property of other acts, howsoever caused, by any employee, agent, or contractor of SJSU or any of its affiliated organizations as a result of my participation in aquatic-based and/or land-based recreational activities. I hereby release SJSU and any of its affiliated organizations from all actions, claims, or demands that I, my assignees, distributees, guardians, and legal representatives now have or may hereafter have for injury or damage resulting from my participation in aquatic-based and/or land-based recreational activities.

KNOWING AND VOLUNTARY EXECUTION

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE TIMPANY CENTER, SANTA CLARA COUNTY, SAN JOSE STATE UNIVERSITY COLLEGE OF APPLIED SCIENCES AND ARTS, DEPARTMENT OF KINESIOLOGY AND/OR ITS AFFILIATED ORGANIZATIONS AND HEREBY SIGN IT OF MY OWN FREE WILL.

Executed in San Jose, California on this date: _____

RELEASER (Print Name): _____

RELEASER (Signature): _____

TIMPANY CENTER



PATRON AGREEMENT OF CODE OF CONDUCT

Prior to signing this document please read the Timpany Center Code of Conduct. The Timpany Center Code of Conduct is available for review at the Reception Desk.

I, _____ have read and understand the Timpany Center Code of Conduct. I am aware that any violations of this Code of Conduct may result in disciplinary action, without the opportunity to have my membership, class, or other fees reimbursed or credited. I understand that the use of the Timpany Center is a privilege, and I acknowledge that the Timpany Center Code of Conduct must be in place in order for the facility to operate efficiently.

Name (Print): _____

Signature: _____

Date: _____

If Patron is a minor or unable to sign, please print the name and signature of person in patron's place:

Patron's Name (Print): _____

Name of Person Signing (Print): _____

Signature: _____

Date: _____

Patrons who are unwilling to sign the Timpany Center Code of Conduct will not be granted access to the facility.

Thank you for your cooperation.