

New Participant Registration Packet

Personal Information

Name: _____

Address: _____

City, State, Zip _____

DOB: _____ Gender _____

Email: _____

Would you like to receive email alerts (center closures, updates etc.) YES NO

Home Phone _____ Cell Phone _____

Emergency Contact Information

Contact Name _____ Contact Phone _____

Relationship to Self _____

Parking Permit Information

Car Make/Model _____ Licence Plate _____

If you have someone who assists you and you would like them to be our main point of contact for you, please provide their information below.

Name: _____

Phone Number: (_____) _____ - _____

Email: _____ @ _____

Registered as Attendant? Yes No

attendant must be within arms reach of member at all times

Staff Use Only

Staff Signature

Date

Application Reviewed		
Member Card Given		
Parking Permit Issued		
Swim Lesson form given-if appropriate		

Health Information/Medical History

For your safety, the center may require a medical clearance form before your participation in may begin.

Have you been diagnosed with any of the following?

Stroke	Yes	No	If yes, Is it controlled with medication?
Abnormal EKG	Yes	No	If yes, Is it controlled with medication?
Heart Attack	Yes	No	If yes, Is it controlled with medication?
Diabetes	Yes	No	If yes, Is it controlled with medication?
Thyroid Disease	Yes	No	If yes, Is it controlled with medication?
Kidney Disease	Yes	No	If yes, Is it controlled with medication?
Liver Disease	Yes	No	If yes, Is it controlled with medication?
Heart Disease	Yes	No	If yes, Is it controlled with medication?
High Blood Pressure	Yes	No	If yes, Is it controlled with medication?
Heart Murmur	Yes	No	If yes, Is it controlled with medication?
Irregular Heart Rhythm	Yes	No	If yes, Is it controlled with medication?
Asthma	Yes	No	If yes, Is it controlled with medication?
High Cholesterol	Yes	No	If yes, Is it controlled with medication?
Parkinson's Disease	Yes	No	If yes, Is it controlled with medication?
Multiple sclerosis	Yes	No	If yes, Is it controlled with medication?
Epilepsy or Seizure Disorder	Yes	No	If yes, Is it controlled with medication?
Alzheimer's or Dementia	Yes	No	If yes, Is it controlled with medication?

Do you currently experience or have had any of the following?			Are you currently under medical care for this?
Heart Surgery	Yes	No	
Unexplained swelling in the legs (not due to injury)	Yes	No	
Unexplained shortness of breath	Yes	No	
Pain or discomfort in the chest during activity	Yes	No	
Heart Palpitations	Yes	No	
Dizziness or fainting	Yes	No	
Joint Replacement	Yes	No	Which joint?

Are you currently pregnant? YES NO

Have you had surgery in the last 3 months? If yes, please describe:

Do you have any allergies that we should be aware of? If yes, please describe:

AGREEMENT AND RELEASE FROM LIABILITY

By initialing in the space provided and signing below, I am acknowledging that I have read and understand the following:

PATRON AGREEMENT OF CODE OF CONDUCT AND POLICIES AND PROCEDURES

_____ I have read and understand the attached Timpany Center Code of Conduct and Policies and Procedures. I understand and agree that the use of the Timpany Center is a privilege and that I must comply with the Code of Conduct and Policies and Procedures in order to use the facility and participate in its programs. I understand and agree that violations of this code and these policies may result in the revocation of my right to access and participate in the Timpany Center programs and the forfeiture of any membership, class, or other fees that have been paid.

VOLUNTARY PARTICIPATION

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

ASSUMPTION OF RISK

_____ I am aware that any Timpany Center activities including aquatic-based and/or land-based 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.

LIABILITY RELEASE

_____ In consideration for being allowed to participate in these activities and/or use of the Premises or Facility, on behalf of myself and my next of kin, heirs and representatives, I release from all liability and promise not to sue the State of California, the Trustees of the California State University, California State University, San Jose State University, and their employees, officers, directors, volunteers and agents (collectively "University") and the San Jose State University Research Foundation and their employees, officers, directors, volunteers and agents (collectively "Auxiliary Organization") from any and all claims, including claims of the University's or Auxiliary Organization's negligence resulting in any physical or psychological injury (including paralysis and death), illness, property damage or economic or emotional loss I may suffer because of my participation in any activities at the Timpany Center, including travel to, from and during Timpany Center activities.

_____ I am voluntarily participating in the Timpany Center activities. I am aware of the risks associated with traveling to, from and participating in these activities, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or

permanent disability (including paralysis), economic or emotional loss, death and/or property damage. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, negligence, conditions related to travel, or the condition of the Timpany Center activity location(s). Nonetheless, I assume all related risks, both known or unknown to me, of my participation in any Timpany Center activity, including travel to, from and during the Timpany Center activity.

_____ I agree to hold the University and Auxiliary Organization harmless from any and all claims, including attorney's fees or damage to my personal property that may occur as a result of my participation in Timpany Center activities, including travel to, from and during these activities. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance. I am also aware that the Timpany Center is not a medical facility and does not provide medical treatment.

MEDIA RELEASE

_____ I hereby certify that I am an adult over the age of eighteen (18) years and I hereby consent that any film, photographs, videotapes, and/or sound recordings made of me by Timpany Center may be used by SJSU, SJSURF and/or affiliates, and those acting with its permission, for the purpose of illustrations, publications, or broadcasts in connection with promotion of the work of and for the Timpany Center.

COMPLETION OF ALL PAPERWORK

_____ I agree that I will complete any other paperwork necessary to complete the participant inquiry process, including a physician's clearance if requested.

KNOWING AND VOLUNTARY EXECUTION

I am 18 years or older. I understand the legal consequences of signing this document, including (a) releasing the University and the Auxiliary Organization from all liability, (b) promising not to sue the University and the Auxiliary Organization, (c) and assuming all risks of participating in Timpany Center activities, including travel to/from and during the Timpany Center activities.

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms. I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Participant - Print name and Sign

Date: _____

TIMPANY CENTER



RESEARCH FOUNDATION

If Participant is not 18 years of age or older, custodial parent's or legal guardian's signature authorization must be obtained:

I, _____ (print name), certify that I am a custodial parent or legal guardian of the above named participant. I have read and agree to the provisions stated above for the participant, and consent to his/her access to and/or participation in all Timpany Center activities, including, but not limited to, activities in the swimming pool, gymnasium, and fitness center. I acknowledge that I have specifically read and agree, on behalf of the Participant, a minor, and myself, to be bound by the terms, conditions, and policies in this Agreement and Release From Liability.

_____ Date: _____

Custodial parent or Legal Guardian - Print name and Sign