



# Campus Rec & Wellness Membership Application

**SIGN-UP @**  
University Center  
RM 211  
8:30 AM to 4:00 PM  
Monday- Friday

**CATEGORY (CHECK ONE)**

Regular Membership
<input type="checkbox"/> Faculty or Staff
<input type="checkbox"/> Alumni
<input type="checkbox"/> Retired Faculty/Staff

Early Bird Membership
<input type="checkbox"/> Faculty or Staff
<input type="checkbox"/> Alumni
<input type="checkbox"/> Retired Faculty/Staff

Other Membership
<input type="checkbox"/> Spouse or Domestic Partner
<input type="checkbox"/> ESU Thesis Student
Non-Enrolled Student <input type="checkbox"/> ESU <input type="checkbox"/> Other

**NOTES:**

- Please see the reverse side of this sheet for the items you will need to document your eligibility. For all other information, please see the ESU Recreation Center website for eligibility and rates for signing up.
- Payroll deduction is only available for **Permanent University Faculty and Staff** as well as some affiliate organizations.

**MEMBER INFORMATION**

**ESU ID NUMBER:** \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

If Spouse or Domestic Partner Membership: Sponsor's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_(\_\_\_\_)\_\_\_\_\_ Work Phone: \_(\_\_\_\_)\_\_\_\_\_

Email: \_\_\_\_\_ Gender (Circle one): Male Female

Vehicle Make: \_\_\_\_\_ Vehicle Model: \_\_\_\_\_

Vehicle Color: \_\_\_\_\_ License Plate: \_\_\_\_\_

**EMERGENCY CONTACT**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_(\_\_\_\_)\_\_\_\_\_

**MEMBER'S INSURANCE AGREEMENT**

I, \_\_\_\_\_ (**print name**), have been informed and understand that the Recreation Center requires that I carry current health insurance. I understand that I may be required to provide proof of insurance and will provide it upon request. I acknowledge that if I fail to have or provide proof of insurance, I will forfeit my membership. By signing this, I certify that I have health insurance coverage and will maintain it at all times during my membership.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## MEMBERSHIP CATEGORY DEFINITIONS AND REQUIRED DOCUMENTATION

<i>Category</i>	<i>Definition</i>	<i>Required Documentation</i>
<u>Non-enrolled University Student:</u>	A matriculating, college student who is not registered for any summer classes. The individual must have been enrolled in the spring semester and be registered for fall semester classes in the same calendar year at either ESU or another University	<ul style="list-style-type: none"> <li>• Proof of enrollment in the spring semester and registration for fall semester of the same year at a college or University.</li> <li>• University Identification. e.g. Ecard</li> </ul>
<u>ESU Thesis Student:</u>	A graduate student at ESU who is not enrolled in classes and has not completed his/her research by the end of the semester s/he was registered.	<ul style="list-style-type: none"> <li>• Student must present proof of ESU enrollment and payment of tuition for the Thesis credits.</li> <li>• Drivers License or Ecard</li> </ul>
<u>Faculty/Staff:</u>	Person currently employed by East Stroudsburg University or its approved affiliate organizations. Currently approved affiliate organizations include Student Activity Association, Inc., ARAMARK, University Ridge, and ESU Foundation.	<ul style="list-style-type: none"> <li>• Current Pay Stub</li> <li>• Ecard</li> </ul>
<u>Alumni:</u>	Person who has graduated (degree conferred) from East Stroudsburg University.	<ul style="list-style-type: none"> <li>• Official ESU Transcript with a degree conferred date or ESU diploma</li> <li>• Drivers License</li> </ul>
<u>Retirees:</u>	Person who officially retired from his/her position at East Stroudsburg University.	<ul style="list-style-type: none"> <li>• ESU Human Resource documentation of retirement from East Stroudsburg University.</li> <li>• Drivers License</li> </ul>
<u>Spouse or Domestic Partner Membership</u> (Sponsored by a Faculty, Staff, Alumni, Retiree or Student)	<p><u>Spouse:</u> A man and woman who are legally married to one another.</p> <p><u>Domestic Partner:</u> Person over the age of 18 that lives with the sponsor in the same residence on a continuous basis for at least the past six months, are jointly responsible for the common welfare and financial obligations of each other, and are not married nor related to one another.</p>	<ul style="list-style-type: none"> <li>• Drivers License</li> <li>• Either a Domestic Partnership Agreement/Certification or Marriage Certificate, OR two (2) of the following items:               <ul style="list-style-type: none"> <li>○ Driver's Licenses listing a common address</li> <li>○ Proof of joint bank account or credit accounts</li> <li>○ Proof of joint mortgage or lease contract that was signed 6<sup>th</sup> months prior to joining.</li> <li>○ Proof of joint utility bills that include electrical, water, sewage or cable.</li> </ul> </li> </ul>



# Membership Application – Continued

## PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

Many health benefits are associated with regular exercise, and the completion of PAR-Q is a sensible first step to take if you are planning to increase the amount of physical activity in your life. For most people physical activity should not pose any problem or hazard. PAR-Q has been designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them. Common sense is your best guide in answering these few questions. Please read them carefully and check YES or NO opposite the question if it applies to you.

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

### IF YOU ANSWERED:

“YES” to any one or more questions	“NO” to all questions
<p>Talk with your doctor by phone or in person <b>BEFORE</b> you start becoming more physically active or <b>BEFORE</b> you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.</p> <ul style="list-style-type: none"> <li>• You may be able to do any activity you want – as long as you start slowly and built up gradually.</li> <li>• Or, you may need to restrict your activities to those that are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.</li> </ul>	<p>If you answered <b>NO</b> honestly to <u>all</u> PAR-Q questions, you can be reasonably sure that you can:</p> <ul style="list-style-type: none"> <li>• Start a graduated exercise program (begin Slowly and build up gradually.</li> <li>• Take part in a fitness appraisal.</li> <li>• However, if you have a minor illness (e.g. cold) or are or maybe pregnant you should postpone activity.</li> </ul>

**CONTINUE TO NEXT PAGE ⇒**

**RELEASE OF LIABILITY**

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**RECREATION CENTER**  
**THE EAST STROUDSBURG UNIVERSITY STUDENT ACTIVITY ASSOCIATION, INC.**

**RELEASE OF LIABILITY**  
**(IMPORTANT-READ BEFORE SIGNING)**

I understand, agree and appreciate that the Recreation Center, located upon the campus of East Stroudsburg University and operated by the The East Stroudsburg University Student Activity Association, Inc., provides a variety of facilities for activities including, but not limited to, a running track, an arena for competitive court sports such as volleyball, tennis, basketball, football, dodgeball, and wiffleball, courts for sports such as racquetball, wallyball, squash, handball and paddleball, a studio for group fitness classes and activities such as aerobics, dance, yoga, and karate, and a fitness center providing exercise equipment such as cardiovascular machines, machine weights and free weights. Additionally, as part of the programs offered, sports and camping equipment may be lent out for activities to be engaged in outside the Recreation Center facility. I voluntarily and freely agree to engage in these activities, acknowledging that participation in any physical activity involves some degree of personal risk to health. The degree and extent of participation remains my choice, based on what I can comfortably and willingly risk. Yet there is a risk, both known and unknown, which must be assumed by me, that I may suffer serious physical injury or disability, or even death.

In accordance therewith, in consideration of my participation in the recreational programs offered by the East Stroudsburg University Student Activity Association, Inc., at the Recreation Center facility, as well as the use of any sports or camping equipment lent out to me or that I may use through that facility, I , for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby RELEASE AND HOLD HARMLESS The East Stroudsburg University Student Activity Association, Inc., East Stroudsburg University, as well as their respective officers, officials, agents and/or employees, and any other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, lessors of the Recreation Center facility, or portions thereof, used in my participation in activities made available to me at or by the Recreation Center (hereafter referred to collectively as the "Releasees"), with respect to any and all injury, disability, death and/or loss or damage to person or property, unless arising from the recklessness and wanton disregard of the Releasees.

**I HAVE CAREFULLY READ THIS RELEASE OF LIABILITY, WHEREIN I HAVE ALSO ASSUMED THE RISK OF MY PARTICIPATION IN ACTIVITIES AND USE OF EQUIPMENT MADE AVAILABLE OR LENT TO ME AT OR BY THE RECREATION CENTER, FULLY UNDERSTANDING ITS TERMS, AND UNDERSTANDING THAT BY VIRTUE THEREOF I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND DO HEREWITH SIGN IT VOLUNTARILY AND WITHOUT INDUCEMENT.**

\_\_\_\_\_  
PARTICIPANT'S SIGNATURE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE