SUNY Canton Fitness Center Application



SUNY Canton Roos House 34 Cornell Dr. Canton, NY 13617

Phone: (315) 386-7989

<u>PERSONAL INFORMATION</u> – Please print clearly

| Last Name | | | Fir | First Name | | |
|----------------|----------------|--|------------------|-------------------------------|--------------------|------------------|
| Mailing Addre | ess | | | | | |
| City | | | State | Zip | Phor | ne |
| Gender □ I | м □ ғ | Date of Birth | | (Seniors | Youth: Proof of A | ge required) Age |
| Physician | | | Emergency Con | tact | | Phone |
| ** | For notifica | tion of closures, ho | liday hours, cla | ss schedules ar | nd notice of rene | wal dates** |
| | | Email | | | | |
| | <u> </u> | AMILY MEMBERS | SHIP INFORM | <u> ATION</u> – Pleas | e print clearly | |
| over the age o | f 14 must fill | ership, please provide i out separate applicati alid only if HR has dete | on forms. Immed | <u>diate family is identi</u> | fied as spouse and | _ |
| Name | | | | _ Age | Date of Birth | |
| Name | | | | _ Age | Date of Birth | |
| Name | | | | _ Age | Date of Birth | |
| Name | | | | _ Age | Date of Birth | |
| FOR STA | FF TO C | OMPLETE | | INITIAL TERM: | // | to/ |
| | SUNY Can | ton Student | | AMOUNT: | | |
| | SUNY Can | ton Faculty/Staff/Re | etiree | STAFF INITIALS | : | |
| | Spouse/D | ependent of F/S/R - | DEPENDANT OF | · | | |
| | SUNY Can | ton Alumni (Year of | Graduation): | | | |
| | Adult (14 | Adult (14-59) | | FORMS OF PAYMENT ACCEPTED: | | |
| | Military/\ | eteran (must provid | le proof) | CASH, CHEC | CK, CREDIT CARL | or PAY W/STUDENT |
| | Senior (60 | Senior (60+) | | SERVICE CENTER | | |
| | State Emp | loyee | | **Banner ID | | |
| | Family Pr | imary | | | | |
| | Family De | ependent DEPENI | DENT OF: | | | - |

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

For most people physical activity should not pose any problems 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.

**PLEASE NOTE THAT COMPLETION OF THIS INFORMATION IS OPTIONAL, BUT WE STRONGLY RECOMMEND YOU COMPLETE THIS PAR-Q FOR YOUR OWN SAFETY AND HEALTH.

| <u>YES</u> | <u>NO</u> | | |
|--|---|---|---|
| | 1. | Has your doctor ever said you have heart trouble? Yes, | |
| | 2. | Do you frequently have pains in your heart and chest? Yes, | |
| | 3. | Do you often feel faint or have spells of severe dizziness? Yes, | |
| | 4. | Has a doctor ever said your blood pressure was too high? Yes, | |
| | 5. | Has your doctor every told you that you have a bone or joint p been aggravated by exercise, or might be made worse with exer Yes, | cise? |
| | 6. | Is there a good physical reason not mentioned here why you sho even if you wanted to? Yes, | ould not follow an activity program |
| | 7. | Are you over age 60 and not accustomed to vigorous exercise? Yes, | |
| | 8. | Do you suffer from any problems of the lower back, i.e., chronic Yes, | |
| | 9. | Are you currently taking any medications? If YES, please specifies, | |
| | 10. | Do you currently have a disability or a communicable dise condition. Yes, | |
| activities an abnormal re written peri | nd/or fitness evaluation esponse to exercise. I | stions above, it gives a general indication that you may participal testing. The fact that you answered NO to the above questions is if you answered YES to any of the above questions, then you may be can before participating in physical and aerobic fitness activities | no guarantee that you will have an be asked to provide the facility with |
| | Si | gnature | Date |

Fitness Center General Policies

Everyone MUST check in and have their SUNY Canton ID card scanned before using the Fitness Center. Everyone must complete the necessary screening paperwork before beginning to workout.

- 1. Guests of members and visiting non-members may purchase a daily pass at the rate of \$5.00 per day. Day pass users must sign a waiver.
- 2. You must be at least 14 years old to use the Fitness Center.
- 3. **APPROPIATE ATTIRE** must be worn:
 - CLEAN, DRY non-marking athletic shoes (please carry your workout shoes to the Fitness Center)
 - > NO jeans
 - NO hiking boots, work boots, or sandals
 - > A shirt must be worn at all times
- 4. Bring your own towel with you for your personal use. However, the Fitness Center will supply towels for cleaning the equipment.
- 5. NO food, beverage, gum, or tobacco is permitted. Water in a plastic bottle is the **only** exception!
- 6. NO horseplay, yelling, spitting, offensive language, or loitering.
- 7. Individuals or groups are not permitted to dominate any area of the Fitness Center.
- 8. Show respect and courtesy toward Fitness Complex staff, equipment, and other members at all times.
- 9. Inappropriate conduct or misuse of equipment is at the discretion of the Fitness Center Director and/or on-duty supervisor and may result in a loss of membership privileges.
- 10. Coaches will also be informed regarding student-athletes who abuse Fitness Center policy.
- 11. Equipment is to be used for its intended purpose only. Please report any injuries or equipment malfunctions to the Fitness Center staff immediately.
- 12. For your safety, please warm up and cool down sufficiently.
- 13. Persons with open wounds or communicable diseases are not permitted to use the Fitness Center. Inform the Fitness Center staff if you develop a communicable disease.
- 14. Personal belongings should be left in the locker room or behind the front desk. The Fitness Center is not responsible for lost or stolen items.
- 15. **LOCKERS** Daily use lockers are available on a first come, first serve basis. You must provide your own lock. Locks must be removed each day. Daily use locks left on lockers will be **CUT OFF** and contents discarded. You will not be refunded for the lock. Management is not responsible for any lost or stolen items. You may rent a locker for one year for \$60.00 if you have purchased a membership.

Free Weight Area Policies

- 1. Do not drop or throw weights.
- 2. Do not step, stand, or rest bars or dumbbells on upholstered benches.
- 3. Use proper form and technique. Due to the high risk of injury, the Fitness Center recommends you utilize a spotter when training with free weights.
- 4. Use safety stops at all times.
- 5. Remove plates from bars when finished.
- 6. Return all plates, dumbbells, and accessories to the appropriate racks when finished.
- 7. Wipe off the equipment when you are finished.

Cardiovascular Equipment Area Policies

- 1. Wear clean shoes ALWAYS. Dirt and debris on the equipment cause unnecessary wear and tear.
- 2. Limit your workout time to 30 minutes on cardiovascular equipment during peak times.
- 3. Use the signup sheets when equipment is occupied so members can use the equipment on a first come, first served basis.
- 4. Start treadmills before stepping on the belt. Stand on the side platforms, start treadmill, then step on carefully.
- 5. Return treadmills to slow speed and 0% grade before stopping them when you are finished.
- 6. Wipe off controls, seats, and handles when you are finished.

Resistance Circuit Policies

- 1. Raise and lower plates carefully. Plates should not be dropped or clank together.
- 2. Use the proper settings for your height to maximize effectiveness and minimize your risk of injury.
- 3. Do not rest on equipment between sets. Allow others to work in with you.
- 4. Wipe off the equipment when you are finished.

| I have thoroughly read the policies of the SUNY Canton Fitness Center. I have had an opportunity | to ask | questions |
|--|---------|------------|
| and feel I understand the etiquette of this facility. I will treat the staff and equipment with respect. | If I do | not follow |
| these policies, I understand that I will not be permitted to use the SUNY Canton Fitness Center. | | |

| Print Name | Signature | Date |
|------------|-----------|------|

STATE UNIVERSITY OF NEW YORK

COLLEGE OF TECHNOLOGY AT CANTON

ASSUMPTION OF RISK

NAME:_____ID#____

| | ADDRESS: | |
|---------------------------------------|--|--|
| | TELEPHONE: | DATE OF BIRTH: |
| • | the activities of the SUNY C in participating in these act | anton Fitness Complex involve dangers that are not foreseeable and that ivities. |
| · · · · · · · · · · · · · · · · · · · | | attached to the activities of this program and I do clearly and irrevocable cipating in such activities is done of my own free will. |
| instructors and as against the State | sociates from any and all m | tate University of New York, their officers, directors, agents, employees, anner of third-party actions or claims and agreed to reimburse any claims by of New York, and their officers, directors, agents, employees, instructors pation in this program. |
| I hereby of statement. | declare that I have complete | ely read, fully understood and voluntarily accept the terms of this |
| | | |
| | DATE | Signature of the Participant |
| [Both | Parents or one Custodial Pa | rent, Date or Guardian <i>must</i> sign (if participant is under age 18)] |
| | | Date |
| | | Date |

FITNESS COMPLEX REGULATIONS

Shoes & Gear: Only members with **clean dry shoes** will be allowed to use the fitness complex, Dana Hall and field house. Please bring a change of shoes with you to prevent any conflict. Shoes worn on the main court must be non-marking soles. Bags and excess outerwear should be kept behind the front desk located in the fitness center. Open toe shoes are not permitted in the fitness center.

Lockers: Daily use lockers are available on a first come, first serve basis. You must provide your own lock. Locks must be removed each day. Daily use locks left on lockers will be **CUT OFF** and contents discarded. You will not be refunded for the lock. Management is not responsible for any lost or stolen items. You may rent a locker for one year for \$60.00 if you have purchased a year membership. A locker will be assigned to you upon purchase of a locker from the facility.

Parking: Parking for members is in the lot 23 and 25, do not park in Lot 4 without a valid parking pass, which can be obtained from University Police or the Fitness Center front desk. Parking in a non-specified space will be ticketed and/or towed at owner's expense. Parking passes are available to all valid members. Please refer to http://www.canton.edu/map/interactive.html for a reference to the valid lots for parking around the building.

Tennis Courts: Members wishing to use the tennis courts may do so on a first come first served basis. Please **limit use to 2 hours** when playing. Staff may be available to set up and take down tennis nets. It is recommended to check with staff well in advance to have court(s) reserved and allow for sufficient setup time. Please use staff assistance if you are unfamiliar with this procedure. Valid membership card required.

Children: Children 13 and under must have parental supervision while in the fitness complex and are not permitted to horseplay to include running and yelling. Children and adults are not permitted to climb or jump on mats or play in the sand pits.

Fitness Classes: Classes are offered to all fitness complex members and community on a first come first serve basis. There is a fee associated with the classes, please check www.canton.edu/rooshouse for more information with updated schedules of times and days.

Pool: Open to members. Members must shower before entering pool. Lifeguard must be present for use of pool. Hours vary - please call 386-7989 for current hours. Birthday Parties available with prior arrangements. Call the Director at 386-7029 for more details. **NO HORSEPLAY, NO DIVING, NO JUMPING OFF DECK. CAUTION: DECK FLOORING IS SLIPPERY. PLEASE TAKE PROPER PRECAUTION.**

Field House: Open to Members. Clean/dry shoes only. Please no street shoes, no glass bottles and no spitting on ground. Please do not rollerblade on the track.

Athletic Fields: Not available for recreational use without prior approval. Please do not walk dogs on playing fields.

ID Card: If an ID card is lost, stolen or damaged a \$10.00 replacement fee will apply to replace your card. This fee is paid to SUNY Canton to cover replacement costs.