

**NASA GODDARD**

**Millennium Health & Fitness Inc.**

# **Membership Packet**



# NASA GODDARD and Millennium Health & Fitness, Inc. Member Application

Name: \_\_\_\_\_ Male:  Female:   
(Last) (First) (MI)

Work Phone Number: \_\_\_\_\_ Building: \_\_\_\_\_ Room: \_\_\_\_\_ Code: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
MM / YYYY

## EMERGENCY INFORMATION

Supervisor's Name: \_\_\_\_\_ Bldg/Room: \_\_\_\_\_ Phone: \_\_\_\_\_

*Please list the person whom we should contact in case of an emergency:*

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Welcome** to the Goddard Space Flight Center (GSFC) Fitness Center! Congratulations on making a regular exercise routine part of your life. As you have been told, no exercise program is risk-free. Exercise always carries some risk of cardiac and musculoskeletal injury. This risk will vary depending on your individual risk factors and the level and manner in which you exercise. However, medical authorities generally agree that regular exercise is an important contributor to good health for most people. To facilitate getting you started at the fitness center, we have provided the basic health screening questionnaire which includes:

A brief questionnaire.

Clears participants for only low-moderate levels of exercise; those who exercise beyond this level may be at increased risk of cardiac or musculoskeletal injury due to stress of exercise.

Assists in determining if medical clearance by your physician is required.

Upon payment and orientation, participant may begin exercise at low to moderate levels.

### **Membership Options:** (check one)

\_\_\_\_\_ **Fitness Center Membership Federal Employee:**

\_\_\_\_\_ Annual PIF: \$200/year (w/ 1-year commitment; Check or money order only)

\_\_\_\_\_ Annual w/Mos. payments: \$18/month (Electronic Funds Transfer - EFT)

\_\_\_\_\_ Monthly short term: \$18/month (check or money order only)

\_\_\_\_\_ Shower & Locker room access only : \$5/month (check or money order only)

\_\_\_\_\_ Weekly: \$10/week (Temporary visiting employees payable w/ check or money order only)

\_\_\_\_\_ **Fitness Center Membership Contract Employee:**

\_\_\_\_\_ Annual PIF: \$220/year (w/ 1-year commitment; Check or money order only)

\_\_\_\_\_ Annual w/ monthly payments: \$20/month (must be Electronic Funds Transfer - EFT)

\_\_\_\_\_ Monthly short term: \$20/month (check or money order only)

\_\_\_\_\_ Shower & Locker room access only: \$5/month (check or money order only)

\_\_\_\_\_ Weekly: \$10/week (Temporary visiting employees payable w/ check or money order only)

### Refunds/ Membership Cancellation Policy:

Refunds for payments will be given only as a result of one of the following circumstances: (1) departure from GSFC employment; (2) Military Furlough (3) injury or extended illness (with a doctor's statement of non-participation). NASA Goddard and Millennium will review resignations for extenuating circumstances other than the above on a case-by-case basis.

*I have read, understand and agree to the terms of this Membership Agreement.*

Name: \_\_\_\_\_ Member #: \_\_\_\_\_

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

# PAR-Q & YOU

(A Questionnaire for People Aged 15 to 69)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO.

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

If you  
answered

## YES to one or more questions

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

- You may be able to do any activity you want — as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

## NO to all questions

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- **s**tart becoming much more physically active — begin slowly and build up gradually. This is the safest and easiest way to go.
- **t**ake part in a fitness appraisal — this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

### DELAY BECOMING MUCH MORE ACTIVE:

- If you are not feeling well because of a temporary illness such as a cold or a fever — wait until you feel better; or
- If you are or may be pregnant — talk to your doctor before you start becoming more active.

**PLEASE NOTE:** If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

**Informed Use of the PAR-Q:** The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

**No changes permitted. You are encouraged to photocopy the PAR-Q but only if you use the entire form.**

NOTE: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

"I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction."

NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

SIGNATURE OF PARENT \_\_\_\_\_  
or GUARDIAN (for participants under the age of majority)

DATE \_\_\_\_\_

WITNESS \_\_\_\_\_

**Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.**

**NASA Goddard Fitness Center  
BLOOD PRESSURE SCREENING**



Physical activity is good for the mind and the body. However, there is some risk involved in initiating a physical activity program. We at the GSFC Fitness Center want to assure your safety. Some brief medical screening can indicate whether it is safe for you to increase your physical activity level (such as by joining the NASA Goddard Fitness Center), or should see your doctor first.

High blood pressure (hypertension), is considered the most common disease of heart and blood vessels. If left unchecked, it can also damage other organs such as brain and kidneys.

Thus, for your safety, NASA policy requires initial and annual blood pressure screening for fitness center participants. Because your blood pressure varies naturally through the day, and can be affected by such things as being under stress or caffeine consumption, it is best if measured several times, and under average daily conditions. Blood pressure is measured both during the heart beat (pulse), which is the higher number, and between beats, the lower of the two numbers.

Hypertension is defined as pressure equal to or greater than 140/90 on at least two different measurements. Pre hypertension is pressure that consistently exceeds 120 /80 in an adult. If your blood pressure is found to be in the hypertensive range, you will be asked to see a doctor and bring evidence that the doctor considers it safe for you to exercise before being allowed to join the GSFC Fitness Center.

The fitness center staff will maintain a record of your blood pressure on this form. You may take your blood pressure as often as you like, and if it is borderline or high, you should maintain your own records and share them with your doctor.

I have read and understand the above.

<b>Signature:</b>		<b>Date:</b>
<b>Blood Pressure:</b>	<b>Date:</b>	<b>Staff Initials:</b>
<b>Blood Pressure:</b>	<b>Date:</b>	<b>Staff Initials:</b>
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<b>Blood Pressure:</b>	<b>Date:</b>	<b>Staff Initials:</b>

**WAIVER AND RELEASE OF LIABILITY**

I have completed this questionnaire to the best of my knowledge and understand that I assume all risks of injury from failure to disclose accurate and complete information. If any of the above conditions change, I will notify the Goddard Fitness Center staff immediately. I also understand that this provides clearance for my participation in exercise programs only at ***low to moderate levels*** and that I assume all risks of injury, including fainting, irregular heartbeats, heart attack or death for exercising above a heart rate greater than 75% of maximal predicted heart rate.

***I also recognize that there are many other risks of injury, including serious disabling injuries that may arise from my participation in this activity and that it is not possible to specifically list every one.*** I have had an opportunity to ask questions, and they have been answered to my complete satisfaction. I understand and expressly assume all these risks as stated and voluntarily choose to participate in this activity.

*I hereby release and hold harmless the Goddard Fitness Center and vendor, it's agents, employees, and independent contractors from any and all liability, damage, expense, causes of action, suits, claims or judgments, arising from injury, damage or loss, or claims of injury, damage or loss to me or my personal property which may arise out of my use of the Goddard Fitness Center facilities and/or their independent contractors. This release does not apply to acts of gross negligence performed by employees and/or contractors of the vendor resulting in direct injury to me.*

\_\_\_\_\_  
Member Name (printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
MILLENNIUM Staff Name (printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**NASA Goddard/Millennium Health & Fitness, Inc.**

***GSFC Fitness Center  
Member Courtesies, Rules, and Responsibilities***

1. Must have a permanent GSFC badge to be eligible to join. Minimum age to join is 18.
2. All Participants MUST check-in to the computer BEFORE using the center.
3. All personal items must be stored in a locker. Lockers are for use during workouts only; personal items may not be stored at any other time.
4. All participants are required to wipe the equipment they use after each use. This includes the floor area surrounding the equipment.
5. Shirts, shoes and modest fitness attire must be worn at all times in the fitness area. Sandals, open toe/ bare feet and street shoes are not permitted.
6. No guests are permitted.
7. Water and sports drinks in covered plastic containers are the only consumables permitted in the fitness center.
8. Please use sign-up sheets when any cardiovascular equipment you wish to use is not available. Observe the 30-minute limit when others are waiting.
9. Allow others to “work-in” on strength training equipment when you are doing multiple sets. If another member is waiting on a piece of equipment you wish to use, please let them know you wish to work in. Please do not occupy equipment you are not using.
10. Replace all equipment to its proper storage area. This includes dumbbells, barbells, plates, yoga mats and blankets, balls, tubing and other small moveable items.
11. Participants with out of date payment or health information will be asked to update paperwork before using the facility
12. As a respect to fellow members and the fitness center staff, threatening actions, profanity, and grossly rude conduct WILL NOT be tolerated. Members in violation will be escorted by security from the fitness center and his/her membership may be canceled. A temporary suspension of membership may ensue during an investigation.

*I have read and understand these courtesies, rules, and responsibilities.*

**Name:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

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

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

**E-Mail :** \_\_\_\_\_

NASA Goddard/Millennium Health & Fitness, Inc.

Medical Information and Recommendations Form

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_

Patient Data from Initial Fitness Assessment

Age \_\_\_\_\_ yrs. Height \_\_\_\_\_ in. Weight \_\_\_\_\_ lb
BMI \_\_\_\_\_ Resting Heart Rate \_\_\_\_\_ Blood Pressure: \_\_\_/\_\_\_
Medications: \_\_\_\_\_

For Physician Use

RESTING EKG: ( ) not done ( ) was within normal limits ( ) was abnormal Test Date: \_\_\_\_\_
EKG STRESS TEST: ( ) not done ( ) was within normal limits ( ) was abnormal Test Date: \_\_\_\_\_
Abnormal Findings: \_\_\_\_\_

Based upon my observation / examination, it is my opinion that this patient:

\_\_\_\_\_ May participate in a fitness testing/exercise program without any restrictions

\_\_\_\_\_ May participate in a fitness testing/exercise program with the following restrictions:

\_\_\_\_\_ Should NOT engage in a testing/exercise program at this time for the following reasons:

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_
Printed Name & \_\_\_\_\_
Address or stamp: \_\_\_\_\_ Phone: \_\_\_\_\_

I have reviewed, understand and will abide by all recommendations made by my doctor as stated above.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

