

REGISTRATION FORM – Spring 2009

Begin – January 26th, 2009 End – May 22nd, 2009

01/26/09 through 02/13/09 – Free Trial Period

05/18/09 through 05/22/09 (Finals Week) – Modified Schedule

Please complete the following sections and return **(with check payable to 'Fitness Plus')** to Fitness Plus, Kinesiology Dept., Gym 101



Fitness Plus

SFSU Faculty/Staff Wellness

(415) 338-7572

www.sfsu.edu/~fitplus

fitplus@sfsu.edu

SFSU EMPLOYEE STATUS

Staff SFSU Graduate Teaching Assistant

Supervisor & Campus Ext: _____

Faculty

Over 60 Discount

SFSU Retiree

MEMBER INFORMATION *(print/type)*

Birthday MONTH: _____

Campus Phone Extension: _____

Last Name, _____

First Name _____

Campus Dept. (for mailing) _____

Email *(mode of communication to members)* _____

MEMBERSHIP FEES –Refer to the Fitness Plus Schedule for specific class times that are available to members. Registration confirmation will be emailed.

MEMBERSHIP TYPES (PER SEMESTER)	FEES
<input type="checkbox"/> Variety Package: Good for all Fitness Plus classes (except as noted on schedule).	\$88
<input type="checkbox"/> Strength & Conditioning Only: Access to the weight room during Fitness Plus hours only (MWF – 12 noon to 1 pm)	\$68
<input type="checkbox"/> Aquatics Only: Access to pool activities (Mon-Thurs 11 am to 8:45 pm and Friday 1 pm to 5 pm)	\$68
<input type="checkbox"/> Over 60 or SFSU Grad Assistant Variety Package: Good for all Fitness Plus classes.	\$68
<input type="checkbox"/> Fit Buddy Package: 2 buddies join (submit fees/forms together) for a discounted fee. At least 1 member must be new . Good for any and all Fitness Plus classes.	\$70 each
<input type="checkbox"/> Walk/Run Fitness Training with Body Sculpting: Good for walk/run and body sculpting classes	\$30
FITPASSES	FEES
<input type="checkbox"/> 5 Visit: Good for 5 visits within a year to all Fitness Plus classes except as noted on schedule.	\$30
<input type="checkbox"/> 10 Visit: Good for 10 visits within a year as listed above.	\$55

CONDITIONS WHICH MAY AFFECT YOUR EXERCISE

(Information kept strictly confidential – Describe conditions on reverse side)

- Bone or joint conditions that may be aggravated by exercise
- Blood pressure or heart medications
- Asthma (please bring inhaler with you to each class)
- Dizziness, lightheaded; chest pain when exercising?
- Other conditions which may affect your exercise program
- None of the above

INFORMED CONSENT FOR PARTICIPATION IN FITNESS PLUS:

I understand that participating in a regular exercise program can improve my health and physical fitness and there is a risk of injury from sprains/strains to heart attack and possible death as a result of exercise, but knowing these risks, I desire to participate. I understand that I AM RESPONSIBLE for monitoring my exercise intensity and for notifying the instructor immediately of any problems.

I have honestly and accurately completed the questionnaire above and have listed those conditions which may be aggravated by exercise; I have consulted with my healthcare provider about these conditions.

The information provided to Fitness Plus will be treated as confidential, privileged and will not be released without my written consent. My signature below indicates that I have read, understand the above, and that all my questions have been answered to my satisfaction.

TOTAL FEES DUE: \$ _____

CHECK NO. _____

Signature: _____ Date: _____

FitPlus Use Only: _____