

NASA GODDARD

Millennium Health & Fitness Inc.

Membership Packet



NASA GODDARD and Millennium Health & Fitness, Inc.

Member Application

Name: _____ Age: _____ Male: Female:
(Last) (First) (MI)
Work Phone Number: _____ Building: _____ Room: _____ Code: _____ Date of Birth: _____
MM/DD/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 Physical Activity Readiness 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. Blood Pressure Screening

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

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

All payments can be paid in Full by Check (Make Check payable to PS UNO LLC), Money Order or Credit/Debit Card)

Membership Options: (check one)

_____ Fitness Center Membership Federal Employee:

_____ Annual PIF: \$200/year (w/1-year commitment)

_____ Monthly payment Option \$20.00 (w/1-year commitment)

_____ Fitness Center Membership Contract Employee:

_____ Annual PIF: \$220/year (w/ 1-year commitment)

_____ Monthly payments: \$22/month (w/1-year commitment)

Options for Civil Servant and Contractors:

_____ Month to Month **No Contract** \$35/month (Up to 3 Months)

(Cancellation form must be filled out at the time of signing up/renewing or another \$35.00 payment will be deducted.)

_____ Monthly Term Classes (**Only**) \$15.00/month

_____ Shower & Locker PIF: \$108/year (w/1-year commitment)

_____ Shower & Locker room access only: \$10/month

_____ Weekly: \$10/week (Temporary visiting employees)

_____ Daily: \$5/day (Temporary visiting employees can pay with cash)

_____ Body Composition Analysis (Thursdays) \$5.00 per Session

_____ Personal Training Sessions (One on One) \$35.00 per hr.; (4) \$30.00 per hour or \$120.00; (8) \$25.00 per hour or \$200

_____ Group Training Sessions (4 or more) (1) \$25 per hr.; (4) \$20 per hour; (8) \$15 per hour

(Each person in the group would pay the amount above)

Membership Refund Policy:

Refunds for payments will only be given as a result of one of the following circumstances: (1) departure from employment at the GSFC location; (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: _____

Date: _____

Signature: _____

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:

- start becoming much more physically active — begin slowly and build up gradually. This is the safest and easiest way to go.
- take 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.

Signature:		Date:
Blood Pressure:	Date:	Staff Initials:
Blood Pressure:	Date:	Staff Initials:
Blood Pressure:	Date:	Staff Initials:
Blood Pressure:	Date:	Staff Initials:
Blood Pressure:	Date:	Staff Initials:
Blood Pressure:	Date:	Staff Initials:
Blood Pressure:	Date:	Staff Initials:
Blood Pressure:	Date:	Staff Initials:
Blood Pressure:	Date:	Staff Initials:
Blood Pressure:	Date:	Staff Initials:

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. If you are paying by check please make your check payable to **PS UNO LLC**.
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.
13. If you pay month to month \$35 (No Contract) you must fill out a Cancellation Form each month you renew or you will be charged \$35.00.

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

Name: _____ Work or Cell Phone: _____

Signature: _____ Date: _____

Email: _____

NASA Goddard Fitness Center

(Membership Dues are paid to MHF)

Check Credit Card EFT/ACH Checking Savings

CLUB # _____ New Renewal Replacement/Upgrade

Alternate Account # _____ Salesperson's Initials

Card Codes

Membership Agreement

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants with respect to any aspect of a credit transaction on the basis of race, color, religion, national origin, sex or marital status, or age (provided the applicant has the capacity to contract). The agency that administers compliance with this law is the Federal Trade Commission, Equal Credit Opportunity, Washington, D.C. 20580.

(A) BUYER INFORMATION ONLY - TO BE FILLED OUT BY APPLICANT (PLEASE PRINT CLEARLY)

BUYER'S First Name	Last	Birth date	Age	Home Phone	E-mail address
Current mailing address		City	State	Zip	
Permanent address if different from above		City	State	Zip	How long at address (yrs/mos)
Employer	Position	How long (yrs/mos)	Work Phone		

I ELECT TO PAY MY MONTHLY DUES VIA:

- Electronic Funds Transfer (EFT) from my Bank Account.
 Electronic Funds Transfer (EFT) from my Credit Card.

In case of emergency, call: _____

Phone: () _____

(B) TO BE FILLED OUT BY CLUB EMPLOYEE

- Today's date is ____ / ____ / ____
- Your agreement begins on ____ / ____ / ____ , and expires on ____ / ____ / ____
- Total Sales Price \$ _____
- Amount of Down Payment is \$ _____
- Remaining Balance to be Paid to MHF \$ _____

WAIVER AND RELEASE OF LIABILITY: The Fitness Center and NASA Goddard Space Flight Center (GSFC) urges you and all members to obtain a physical examination from your doctor before using any exercise equipment or participating in any exercise class. All exercises, including the use of weights and use of any and all machinery, equipment, and apparatus designed for exercising shall be at the member's sole risk. Member understands that the agreement to use, or selection of exercise programs, methods and types of equipment shall be member's entire responsibility, and the Fitness Center or NASA GSFC, Contractor's of NASA GSFC, or other employing entity, shall not be liable to member for any claims, demands, injuries, damages, or actions arising due to injury to member's person or property arising out of or in connection with the use by member of the services, facilities, and premises of the Club. Member hereby holds the Fitness Center, NASA GSFC, its officers, owners, agents and employees, contractors of NASA GSFC, or other employing entity harmless from all claims which may be brought against them by member or on member's behalf for any such injuries or claims.

MEMBER'S SIGNATURE _____

CANCELLATION: If by reason of death or permanent disability, the buyer is unable to continue the membership, buyer or buyer's estate shall be relieved from the obligations of this contract, and if buyer has prepaid any sum, that amount shall be promptly refunded. Member agrees to follow club rules as promulgated from time to time. Violation of these rules may be the cause for suspension or cancellation of membership. Memberships that roll over to a month-to-month require a 30-day written notice to cancel.

ANY HOLDER OF THIS CONSUMER CREDIT CONTRACT IS SUBJECT TO ALL CLAIMS AND DEFENSES WHICH THE BUYER/MEMBER COULD ASSERT AGAINST THE CLUB AS A RESULT OF THIS CONTRACT. RECOVERY BY THE BUYER/MEMBER SHALL NOT EXCEED THE TOTAL AMOUNT PAID BY THE BUYER/MEMBER TO THE CLUB PURSUANT TO THIS CONTRACT. YOU THE BUYER MAY CANCEL THIS AGREEMENT BY MIDNIGHT OF CLUB'S THIRD BUSINESS DAY AFTER THE DATE OF THIS AGREEMENT, AND SUCH CANCELLATION MUST BE IN WRITING TO THE CLUB. IN THE EVENT THE CLUB CLOSES AND CEASES DOING BUSINESS, YOU ARE NO LONGER OBLIGATED TO MAKE PAYMENTS UNDER THIS AGREEMENT.

DEFAULT AND LATE PAYMENT: Should you default on any payment obligation as called for in this agreement, the entire remaining balance shall be deemed due and payable upon demand, and you agree to pay allowable interest, and all cost of collection, including, but not limited to, collection agency fees, court costs and attorneys' fees. Such default and late payment shall be considered a debt to MHF. Should any monthly payment become more than 10 days past due, you will be charged a \$9.00 late fee to cover additional administrative expenses and other expenses related to obtaining your payment. A fee of \$29.00 will be charged for all returned payments.

YOUR PAYMENT SCHEDULE WILL BE:

When Payments are due each Month	Number of Monthly Payments	Amount of Monthly Payments	First Payment Due Date-MHF Collects
		\$ _____	

7. Renewal Terms

- Renewable for a _____ month period of time for a total price of \$ _____, payable in _____ consecutive payments of \$ _____ with first payment due _____.
- Renewable for a _____ month period of time for a paid-in-full cash price of \$ _____.
- Roll over to open-end/month-to-month at \$ _____ per month, starting _____ (Requires a 30-day written notice to cancel).
- Non renewable

Club Representative _____

Buyer's Signature _____

Member's Signature (if different from buyer) _____

(C) I elect to pay my monthly installment payments by Electronic Funds Transfer (EFT).

This form of payment, if discontinued, does not release you from your payment obligation or membership contract.

YOU, THE BUYER, ARE ENTITLED TO A COPY OF THIS CONTRACT AT THE TIME YOU SIGN IT.

MHF INTERNATIONAL EFT AUTHORIZATION

I, _____, authorize my bank to make my payment by the method indicated below and post it to my account.

- Checking (Must attach voided check.) or Savings (Must attach deposit slip.) or
 Visa MasterCard American Express Discover

Account #: _____ Routing # or Expiration Date (If Credit Card) _____

Number of payments _____, Amount of payment \$ _____, 1st due date _____

Bank Name _____ Bank Phone # _____

Bank Address/City/State/Zip _____

Authorized Signature _____ Date _____

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: _____