

Date:

Kinesiology Department Health & Wellness Center

Use of Facilities Form

Name:				D# A	
□ Student	☐ Full-Time	☐ Part-Time	□ Dual-Enrollme	nt	
□ Staff	☐ Full-Time	□ Part -Time	Department:		
□ Faculty	Department: _				
Gender: □	Male □ Female	Date of Birth:		Age as of today:	
Address	Street		City	Zip Code	
Telephone l			·	dress	
Emergency	Contact: First N	ame	ameLast Name:		
Relation			Telephone Num	ber:	
All pc card is r Informa Athle shoes a Locke overn	articipants must of equired each time to ation Center prior to tic clothing is recare required and must ers rooms are for hight. Staff is not response	check in before you enter the factor using the facility quired at all tirest be worn at all the consible for personal consideration consideratio	re using the facility ility. Students must voor. No children or outsidents including shirts, stimes. No dress shoes only. You will need to	ty. A current South Texas College Identification alidate their ID card at the Student de visitors are allowed. No exceptions. shoes, etc. No jean shorts or pants. Closed-toe athletic s, boots or sandals permitted. supply your own lock. Locks will be removed if left st and found items will be discarded after 2 weeks.	
equip locate	ment before and ed accordingly.	d after each us	se. Spray bottles, disi	rs, we ask that you wipe down infectant wipes and paper towels are	
		~	n equipment to its necessary. Do not dro	s designated area. Place weights and dumbbells on op weights.	
	anguage, photo nes a disturbance, y	• .	_	e strictly prohibited. If behavior is continuous or	
No lo	itering.				
All no	urticipants must 4	exit the facility	promptly at clos	ing time	

Physical Activity Readiness – Questionnaire



Date

YES.	NO				
		 Has your doctor ever said that you have a heart condition <u>and</u> that you only do physical activity recommended by a doctor? 			
		2. Do you feel pain in your chest when you do physical activity?			
		3. In the past month, have you had chest pain when you were not doing physical activity?			
		4. Do you lose your balance because of dizziness or do you ever lose consciousness?			
		5. Do you have a bone or joint problem that could be made worse by a change in your physi activity?			
		6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?			
		7. Do you have a disability? If yes, please specify.			
		8. Are you pregnant?			
		9. Do you have exercise-induced asthma?			
		10. Are you allergic to bee stings or insect bites?			
		11. Are you taking medications that may interfere with physical activity?			
		12. Do you know of any other reason why you should not do physical activity?			
Kine	<u>siolog</u>	cked yes to one or more of the above, please speak with Edward Hernandez, Coordinator of y Instructional Facilities. Ner/Waiver Form			
3 4	pos long . I he insu cho act Col liab cor neg . I un of s	derstand that as a participant of the South Texas College Health & Wellness Center, there exists the sibility that I, as a participant, may incur an injury, the nature which may be serious enough to have grerm or permanent disabling effects. The property recognize and acknowledge that South Texas College does not carry health and/or hospital rance for students. I understand that I may purchase insurance on my own through an agent of my posing. I further recognize there are certain risks inherent in the participation of such recreational invities, in which I hereby voluntarily assume. Therefore, I hereby release and discharge South Texas lege, it governing board, officers, faculty, staff, coaches, and other employees from all obligations, illities, claims, demands, costs, and expenses, including attorney fees, rising out of, or in any way an enected with, any bodily injury sustained by the participant whether such injury results from the gligence of the aforesaid persons or from some other cause. Identify the Coordinator for the Wellness Centers to verify my enrollment at South Texas College. I also unowledge that falsifying any information may result in disciplinary action against me by the college.			
acce	pt the erning	responsibility of being fully "cleared" to participate in an exercise program and agree to provide information any situation that may exist that would prohibit or limit my full participation.			
By sig	ning b	elow, I agree that all information recorded on this document is true.			
X		Date			
^_		Dule			

Parent's signature required if under 18.

Χ

Note – The information contained on this document is confidential and will not be shared with or provided to any person, other than the individual completing the form.

Statement of Equal Opportunity: No person shall be excluded from participation in, denied the benefits of, or be subject to discrimination under any program or activity sponsored or conducted by South Texas College on the basis of race, color, national origin, religion, sex, age, veteran status, or disability.