

RUTGERS-NEWARK ATHLETICS AND RECREATION

Fall 2007/Spring 2008 Course Registration Form

Registration Information:

Check One: Student Faculty/Staff Rec. Member Community*

Name:(please print) _____

E-Mail: _____ Phone: _____

Address: _____ Apt#: _____

City: _____ State: _____ Zip _____

Youth Learn to Swim Program:

Child's Name: _____

Age: _____

Swim level: ___ Beginner ___ Had lessons before ___ Deep Water

I would like to register for the following class (es):

	Class#	Class Name	Session (if applicable)	Cost
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
			Total	\$ _____

To register, bring completed registration form along with full payment (cash, check or money order) and completed health questionnaire to:

**Golden Dome Athletic Center
42 Warren Street
Newark, NJ 07012**

***Community members only should mail forms and payment to this address: all others must register in person. Class registration does not give you access to the facility you must purchase a membership or guest pass for entry to the facility.**

Make checks or money orders payable to Rutgers-Newark.

OFFICE USE ONLY: Paid: \$_____ CASH/CHECK/MONEY ORDER DATE: _____
CHECK#: _____ GDAC Staff person: _____

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Course Registration

Health History and Informed Consent to Participate in Activity Classes and Programs

Health History

Do you have or have you ever had any of the following conditions (please check):

- Chest pains
- High blood pressure
- Arrhythmias (irregular heart beat upon exertion)
- Mitral Valve Prolapse
- Diabetes
- Vertigo (dizziness)
- Bone, joint or muscular problems
- 50 pounds or more over ideal weight
- Any other conditions an instructor should know. Please explain:

- Are you taking any medications(s) currently? Please list: _____

Please initial appropriate statements below, then sign and date form:

Initial

- _____ 1. I have no health conditions that may affect my ability to exercise safely.
- _____ 2. If I have checked any of the above conditions, I will check with and obtain approval from my physician prior to exercise.
- _____ 3. I acknowledge that certain risks of injury are inherent to participate in recreational classes and activities. These types of injuries may be minor or serious, and may result from one's participation and one's own action.
- _____ 4. Certain activities require a minimum level of fitness, ability and health (physical, mental and /or emotional) and each person has a different capacity for participating in these activities. I will try to stay within my limits.
- _____ 5. Recreational users' agreement that Rutgers, The State University-Newark campus, its employees and agents, shall not be liable for injuries incurred during participation in these activities, unless such u=injury is caused by the sole negligence of the university, its employees or agents, while acting within the scope of their duties.

I have read all the above health history and statements, and I have truthfully answered all of the questions to the best of my knowledge.

Participant's signature: _____ Date: _____

*This form must accompany the registration form.