



University Fitness Center Membership Application

Contact Information

First Name	Last Name	Initial	Date of Birth
Local Address		City/State	
Zip	Phone	Work Phone	
Email			
Emergency Contact	Phone	Relationship	

Membership Type (Please Select):

- | | |
|---|---|
| <input type="radio"/> Employee | <input type="radio"/> Hershey Center for Applied Research |
| <input type="radio"/> Resident | <input type="radio"/> Hershey Entertainment & Resorts |
| <input type="radio"/> Leader Center | <input type="radio"/> Milton Hershey School |
| <input type="radio"/> Student | <input type="radio"/> Physician & Self-Referred |
| <input type="radio"/> Volunteer | <input type="radio"/> SilverSneakers® |
| <input type="radio"/> Alumni (COM only) _____
(Program/Year Graduated) | _____ (ID#) |

Eligible Family

I am a: ☐ Spouse ☐ Dependent ☐ Visiting Family Member
Of: _____

Is this individual a current UFC member? ☐ Yes ☐ No

Campus Employees Only

HMC Lawson/Employee ID#	PSU ID#	Department
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Students Only (Please Select):

College of Medicine Student:	PSU Student:
<input type="radio"/> Graduate	<input type="radio"/> Nursing Student at Hershey <input type="radio"/> Visiting Student
<input type="radio"/> Medical _____ (Society)	<input type="radio"/> Other PSU Campus (List Department): _____
<input type="radio"/> Physician Assistant	
Graduation Date: _____	

Applicant Health & Medical History

☐ Male ☐ Female

Age: _____

Height: _____

Weight: _____

Check if you have/had any history of the following:

- | | | |
|--|--|---|
| <input type="radio"/> Abnormal Heart Rate | <input type="radio"/> Epilepsy | <input type="radio"/> Leg Cramps w/Exercise |
| <input type="radio"/> Chest Pain/Pressure/Tightness | <input type="radio"/> Heart Attack | <input type="radio"/> Neurological or Balance Issues |
| <input type="radio"/> Diabetes | <input type="radio"/> Heart Murmur | <input type="radio"/> Osteoporosis/Low Bone Density |
| <input type="radio"/> Difficulty Breathing | <input type="radio"/> High Blood Pressure | <input type="radio"/> Stroke |
| <input type="radio"/> Dizziness with Exercise | <input type="radio"/> High Cholesterol | <input type="radio"/> Swelling Not Related to Injury |

Do you have bone/joint limitations?

Did you have any surgery/hospitalizations in the past year?

Current/recent pregnancy? (Please list your actual or anticipated delivery month/year)

Family History & Current Medications

Please indicate if a blood relative (parent/sibling) has had any of the following:

Heart Attack (under age 55)	
High Blood Pressure	
Sudden, unexpected death (please explain)	

Personal Physician Name

Address & Phone

Current Medication #1/Reason

Current Medication #2/Reason

Current Medication #3/Reason

Current Medication #4/Reason

Current Medication #5/Reason

Current Medication #6/Reason

Lifestyle Questionnaire

Are you a current smoker? ☐ Yes ☐ No If prior smoking history, when did you quit? _____

What is your current occupation? _____

Describe your current fitness level: ☐ Very Poor ☐ Poor ☐ Good ☐ Very Good

Have you been exercising consistently for the past 3 months? ☐ Yes ☐ No

If not, what were the barriers: ☐ Family Commitments ☐ Financial Injury/Illness ☐ Work ☐ Other

When do you prefer to exercise? ☐ Morning ☐ Afternoon ☐ Evenings ☐ Weekends

How do you like to exercise? ☐ I don't ☐ Alone ☐ Groups

What activities do you enjoy? _____

How can we best help you?

- ☐ Improve Health/Weight Loss ☐ Stress Relief
☐ Manage a Medical Condition ☐ Sports Specific Training
☐ Muscular Strength/Conditioning ☐ Other: _____

Would you/have you ever considered Personal Training? ☐ Yes ☐ No

Confidentiality

All information on this application is kept strictly confidential. Your information will be reviewed only by authorized employees of the Penn State University Fitness Center. This form will not be disclosed to third parties without your authorization, except as required by subpoena or other legal process.

Information Verification

I have answered all of the above questions truthfully to the best of my knowledge.

Initials

Date

Waiver of Liability

Applicant understands that the Pennsylvania State University, through its University Fitness Center ("UFC"), offers exercise programs which involve physical stress and the use of potentially dangerous equipment. Applicant further understands that physical injury may result from the use of this equipment or involvement in exercise programs.

Therefore, it being the intent of the Applicant to hold The Pennsylvania State University, its trustees, officers, agents, and employees harmless, Applicant hereby releases, waives, and forever discharges the same from any and all liability suffered by Applicant related to use of the UFC. Applicant understands that he/she is using the equipment at his/her own risk. We recommend that all applicants become oriented with the equipment prior to use.

Applicant Signature

Date

Parent/Guardian Signature

Date

For UFC Use Only

Date & Staff Initials

Member Initials

<i>Front Desk Review</i>		
<i>Physician Clearance *(if applicable)</i>		
<i>Fitness Review</i>		
<i>Exercise Session Scheduled</i>		
<i>Exercise Session Completed</i>		
<i>Exercise Session Declined</i>		

Updated: 12/2023