

ENGINEERING

INNOVATION

The Future is Yours

Ralph S. O'Connor Recreation Center Member Application

Member Information

Name: _____

Street Address: _____ Country: _____

Additional Address Information: _____

City: _____ State/Region: _____ Postal Code: _____

Email: _____ Phone Number (Cell): _____

Physical Activity Readiness Questionnaire (PAR-Q)

Regular physical activity is fun and healthy, and increasingly more people are choosing to become more active every day. Being more active is very safe for most people. However, some people should check with their doctors before they start becoming much more physically active. If by joining the Johns Hopkins O'Connor Recreation Center you are planning to become much more physically active than you are now, start by answering the seven questions in the area 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 are not used to being very active, check with your doctor first. 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.

1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?

Yes

No

2. Do you feel pain in your chest when you do physical activity?

Yes

No

3. In the past month, have you had chest pain when you were not doing physical activity?

Yes

No

4. Do you lose your balance because of dizziness or do you ever lose consciousness?

Yes

No

5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?

Yes

No

6. Is your doctor currently prescribing drugs (ex: water pills) for your blood pressure or heart condition?

Yes

No

7. Do you know of any other reason why you should not do physical activity?

Yes

No

If you answered YES to one or more questions:

Talk to 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 to 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 her/his advice.
- Find out which community programs are safe and helpful for you.

If you answered NO to all questions:

If you answered NO 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 healthily.

DELAY BECOMING MUCH MORE ACTIVE:

- If you are not feeling well or because of a temporary illness such as a cold or 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: the PAR-Q must be completed in order to obtain membership. It is in your best interest to follow the recommended actions in accordance with your answers, and Hopkins Recreation

recommends that you consult your physician prior to beginning any exercise program. If your health changes such that you answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

ACKNOWLEDGEMENT OF PERSONAL RESPONSIBILITY: RECREATION CENTER MEMBERSHIP

1. In consideration of gaining membership or being allowed to participate in the activities and programs of the Johns Hopkins University O’Connor Recreation Center and to use its facilities, equipment, and machinery in addition to the payment of any fee or charge, I do hereby waive, release, and forever discharge the Johns Hopkins University and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above mentioned facilities or arising out of my participation in any activities at said facility. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my participation in any activities of The Johns Hopkins University O’Connor Recreation Center or the use of any equipment at the Johns Hopkins University O’Connor Recreation Center.

Please Initial * _____parent _____ student

2. I understand and am aware that strength, feasibility, and aerobic exercise, including the use of equipment, are potentially hazardous activities. I also understand that fitness activities involve a risk of injury and even death and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.

Please Initial * _____parent _____ student

3. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation in any of the activities and programs of the Johns Hopkins University O’Connor Recreation Center or use of equipment or machinery except as hereinafter stated. I do hereby acknowledge that I have been informed of the need for a physician’s approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise, and use of exercise and training equipment so that I might have recommendations concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and have been given any physician’s permission to participate, or that I have decided to participate in activity and/or use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities.

Please Initial * _____parent _____ student

This Agreement shall be governed by the laws of the State of Maryland without giving effect to any choice or conflict of law principles of any jurisdiction. This Agreement shall be construed as if drafted jointly by the parties and no presumption or burden of proof shall arise favoring or disfavoring any party by virtue of the authorship of any provision in this Agreement.

By typing my full name below and submitting it as my electronic signature, I acknowledge that I have read and understood the terms above, and that I intend to be bound by my signature. I understand and agree that my electronic signature below has the same legal validity and effect as a manual signature and that Johns Hopkins University may rely on it as such.

Parent Name

Parent Signature *(must be hand signed, not typed)

Student Name

Student Signature *(must be hand signed, not typed)*

After completing this form:

Upload a copy of your completed form to the MS Form link found on the Engineering Innovation website for admitted students in your modality:

For Residential Students: <https://ei.jhu.edu/students/admitted-residential-students/>

For Commuter Students: <https://ei.jhu.edu/students/admitted-commuter-students/>

The student's JHED login credentials will be required in order to access the MS Form.