

# IDRA FITNESS CENTER APPLICATION

Date \_\_\_\_\_

\_\_\_\_\_ \$15.00 Initiation Fee (For all new members)

**IDRA Annual membership fee (Select One):**

\_\_\_\_\_ \$13.00 Annual Association Fee (DOI, OPM, OAS, DAR, PAHO)

\_\_\_\_\_ \$15.00 Annual Association Fee (GSA & all others)

\_\_\_\_\_ \$28.00 IDRA Membership PLUS

**Payment Method (Select One):**

\_\_\_\_\_ Bi-weekly/Payroll Allotment (DOI, OPM)

\_\_\_\_\_ Monthly (OAS, PAHO, DAR)

\_\_\_\_\_ Quarterly

\_\_\_\_\_ Semi-Annually

\_\_\_\_\_ Annually

\_\_\_\_\_ Temporary

\_\_\_\_\_ Retirees

**Employment:**

\_\_\_\_\_ DOI \_\_\_\_\_ OPM \_\_\_\_\_ OAS \_\_\_\_\_ PAHO \_\_\_\_\_ DAR \_\_\_\_\_ GSA \_\_\_\_\_ STATE  
\_\_\_\_\_ RED CROSS \_\_\_\_\_ OTHER \_\_\_\_\_

*(DOI employees please circle bureau below)*

BIA BLM BOR FWS MMS NBC NPS OIG OS OSM USGS SOL

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*(Please print clearly)*

\_\_\_\_\_ **First Name**

\_\_\_\_\_ **MI**

\_\_\_\_\_ **Last Name**

\_\_\_\_\_ **SSN**

\_\_\_\_\_ **Date of Birth**

\_\_\_\_\_ **M/F**

\_\_\_\_\_ **Street Address**

\_\_\_\_\_ **City**

\_\_\_\_\_ **State**

\_\_\_\_\_ **Zip Code**

\_\_\_\_\_ **Office Phone**

\_\_\_\_\_ **Home Phone**

\_\_\_\_\_ **Signature**

\_\_\_\_\_ **E-mail address**

**IDRA FITNESS CENTER**  
**INFORMED CONSENT WAIVER**

I, the undersigned, wish to participate in the fitness program as offered by the IDRA. I certify that I am physically able to participate in any activities in which I will take part. I have a reasonable basis for this opinion due to examination and/or consultation with my physician. I also certify that I will use good judgment while exercising and will not overexert. I recognize that I am responsible for knowledge of my own state of health, and I will advise the fitness director of any health problems related to exercising. I understand the participation in some or all fitness center activities may be denied me for health reasons at the discretion of the Fitness Center staff.

I realize that any time one engages in physical activity there are inherent dangers. I therefore accept any and all responsibility and assume the risk of any and all injury or damage to my person which may arise, whether directly or indirectly as a result of my participation in the fitness program, or as a result of the prescriptive advice I receive. I hereby release and hold harmless from any liability whatsoever the IDRA, as well as its affiliates, directors, officers, employee, and representatives.

I also agree to abide by the rules and regulations as established by the IDRA with the understanding that violation of such rules may result in withdrawal of my privilege to utilize the fitness facility or engage in the prescribed fitness program.

I certify that I understand and agree to the contents of this waiver.

Printed Name \_\_\_\_\_ Office # \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_

# MEDICAL HISTORY/PHYSICAL ACTIVITY QUESTIONNAIRE

**Privacy Act Statement P.L. 93-579 Authority: 5 U.S.C. Section 522a.**

**All** IDRA Fitness Center members are required to complete the medical history/physical questionnaire prior to beginning an exercise program. This information may be used by the Fitness Center staff for the purposes of creating a safe and effective individual exercise program or as an aid in identifying contraindicated exercises or activities. All information in this questionnaire will be kept **confidential**; however, it may be transferred anonymously to outside health and fitness authorities for the purposes of consultation or research.

Name \_\_\_\_\_ Sex \_\_\_\_\_  
Last First

SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Occupation \_\_\_\_\_

Your personal Physician \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

If you answer "yes" to any of the following questions please explain in the space provided below.

Has a physician ever indicated that you must limit your physical activity? \_\_\_\_\_

Do you ever feel pain or a tight squeezing sensation in your chest? \_\_\_\_\_

Do you presently have or have you in the past encountered lower back problems? \_\_\_\_\_

Have you ever suffered from dizzy spells? \_\_\_\_\_

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**If you are presently using any type of medication, please fill in the information below.**

**Name of medication** \_\_\_\_\_ **Reason for taking** \_\_\_\_\_

**Daily dose** \_\_\_\_\_ **Duration of use** \_\_\_\_\_

**If any of the following conditions presently apply to you, please indicate with a check.**

\_\_\_ **Personal history of heart disease or heart attack**

\_\_\_ **Family history of heart disease (blood relative) If checked, whom:** \_\_\_\_\_

\_\_\_ **Presence of an arrhythmia**

\_\_\_ **Presence of a heart murmur**

\_\_\_ **Evidence of an abnormal EKG**

\_\_\_ **High blood pressure (140/90 or higher)**

\_\_\_ **High cholesterol. Your level if known** \_\_\_\_\_

\_\_\_ **Cigarette smoker. If checked, how many cigarettes daily?** \_\_\_\_\_

\_\_\_ **Pre natal or post natal**

\_\_\_ **Recovering from surgery**

\_\_\_ **Have had a stroke**

\_\_\_ **Neurological complications including convulsive disorders and intracranial bleeding**

\_\_\_ **Anemia**

\_\_\_ **Diabetes**

\_\_\_ **Infectious illnesses during the acute or chronic stages**

\_\_\_ **Lung disorders of an acute or chronic nature including bronchial asthma**

\_\_\_ **Severe pulmonary insufficiency**

\_\_\_ **Any recent history of gastrointestinal bleeding**

\_\_\_ **Renal diseases or complications**

**Please list chronic or recent ailments, including sprains, muscular injuries, pains, stiffness, and limitations in range of movement, back problems, or other persistent difficulties.**

**Precise site of difficulty**

**Description of the problem**

**1.**

**2.**

**3.**

**4.**

## IDRA FITNESS CENTER RULES & REGULATIONS

1. Each Fitness Center member must maintain a current IDRA membership. IDRA billing statements are mailed annually in March and payment is due May 1st of each year.
2. Smoking is not permitted in the Fitness Center.
3. Food or beverages may not be consumed in or brought into the Fitness Center, with the exception of water/beverages in a plastic bottle with a lid.
4. Upon exiting the building to go jogging, etc., and upon return, all individuals must use designated exits.
5. IDRA reserves the right to sever all membership privileges for participants if at any time it feels that such participation is interfering with service to other members.
6. If you are using a locker that is designated for "day use only," the lock and all contents must be removed by the close of the fitness center that day. Any locks or items left overnight will be removed by the IDRA Fitness Center management.
7. Members whose memberships expire must empty their lockers within five days of expiration or have their lock removed and contents disposed of by the Fitness Center staff.
8. Clothing with belts, buckles and zippers or other features judged by the staff to be potentially destructive to upholstery or other Fitness Center equipment is not permitted.
9. Towels are permitted in the weight room. All other personal items, including gym bags, must be kept in lockers.
10. Shirts must be worn at all times while in weight room, aerobic area, cardio area, etc.
11. Members and guests may not display actions that the Fitness Center staff deem unsportsmanlike or rude, or misuse, move or alter any portion of the Fitness Center environment or property.
12. No bare feet allowed outside of locker rooms.
13. Members and guests are fully responsible for personal items that are lost, stolen, or damaged at the Fitness Center.
14. Street shoes and black-soled shoes of any kind are not permitted on the hardwood gym floor, with the exception of non-marking black soled fitness sneakers.
15. Members using payroll allotment MUST REMAIN MEMBERS FOR AT LEAST 90 DAYS. Exceptions are made for persons who transfer jobs or who can no longer exercise for medical reasons (documentation from supervisor or doctor required).
16. Guest Policy: All non-members must first contact an IDRA Fitness Center staff member and sign an informed "Consent Waiver" prior to participating in any activity. Our policy permits the same person to be a guest only once every ninety (90) days. If you are interested in using the Fitness Center more frequently, please consult a staff member to inquire about membership.
17. Members must adhere to any other rules and regulations that are posted throughout the Fitness Center.

I have read the rules and regulations pertaining to my use of the IDRA Fitness Center. By signing below I agree to comply with said requirements as well as all other posted rules and regulations with the understanding that if I do not, my membership privileges and all membership dues will be forfeited.

Signature \_\_\_\_\_ Date \_\_\_\_\_