





# PRYOR CREEK RECREATION CENTER

Membership Application

1111 S.E. 9<sup>th</sup> St.

Pryor, Ok 74361

918.825.6909      [www.pryorok.org](http://www.pryorok.org)

## **LIABILITY RELEASE**

In signing this release for myself and for any named immediate family member and minor participant(s), I acknowledge and understand as a participant at the Pryor Creek Recreation Center (hereinafter PCRC) and/or any other PCRC activity or program, I/we will be exposed to risks of serious bodily injury, sickness or death due to circumstances inherent in the PCRC facilities, activities and programs, including the negligent acts or omissions of others. I acknowledge there are a variety of risks and dangers inherent in recreational activities and facilities, including but not limited to: sports related injuries; collision with stationary objects; falls; risks associated with water-related activities (including diving injuries and drowning). I further, on behalf of myself or any named immediate family member minor participant(s) for whom I am signing, agree to hold harmless the PCRC and the listed persons and entities for any and all cost, liability, expense and claim arising from any act or omission committed by myself or family member for whom I am signing for. I and whom I am signing for, agree to follow all facility, activity or program rules and regulations, and realize that my right to participate may be terminated by the PCRC at any point in time for not adhering to said rules and regulations. The PCRC does not issue refunds for memberships that have been terminated. I and whom I am signing for acknowledge I/we should check with a personal physician before starting any exercise program or physical activity. The PCRC reserves the right to rule on any matter not specifically covered in Membership Contract, and to change policies as necessary.

\_\_\_\_\_  
Participant's Name Print

\_\_\_\_\_  
Participant's Age

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant's Signature or Parent or  
Guardian Signature if participant under 18



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**Medical & Health History Questionnaire** \_\_\_\_\_

**Each** member should complete this form

Today's Date \_\_\_\_\_

Participant's name \_\_\_\_\_

Participant's physician \_\_\_\_\_

Physician's phone number \_\_\_\_\_

Participant's Date of Birth \_\_\_\_\_

Participant's Age \_\_\_\_\_

Information you wish for us to be aware of: \_\_\_\_\_

**FITNESS GOALS**

(Please mark all that apply)

- |                                                         |                                                         |
|---------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> IMPROVE STRENGTH               | <input type="checkbox"/> IMPROVE FLEXIBILITY            |
| <input type="checkbox"/> IMPROVE CARDIOVASCULAR FITNESS | <input type="checkbox"/> IMPROVE MUSCLE TONE            |
| <input type="checkbox"/> IMPROVE DIET/ EATING HABITS    | <input type="checkbox"/> LOSE WEIGHT/ INCHES            |
| <input type="checkbox"/> GAIN WEIGHT/ INCHES            | <input type="checkbox"/> IMPROVE EXERCISE/HEALTH HABITS |
| <input type="checkbox"/> PREVENT INJURY                 | <input type="checkbox"/> "REHABILITATE" INJURY          |
| <input type="checkbox"/> ADDITIONAL GOALS – _____       |                                                         |

**Please check what your current physical activity is during an average day:**

- Sitting most of the time, with very little movement
- Walking around/moving some of the time, but mostly sitting
- Fairly active, standing or moving most of the time
- Very active, strenuous work for long periods of time with little rest
- I exercise on a regular schedule
- I exercise but, not regularly
- Other \_\_\_\_\_

Help us improve. Please check all that applies: What activities are you interested in?

<p>Aquatics:</p> <ul style="list-style-type: none"> <li><input type="radio"/> Children Swim Lessons</li> <li><input type="radio"/> Pool Parties</li> <li><input type="radio"/> Lap swimming</li> <li><input type="radio"/> Individual Exercising</li> <li><input type="radio"/> Just Play</li> <li><input type="radio"/> Other _____</li> <li><input type="radio"/> <b>Would you like a call</b> <b>If so, please write your name</b> <b>And number</b> _____</li> </ul> <p>Best time to reach you: _____</p>	<p>Group Exercise:</p> <ul style="list-style-type: none"> <li><input type="radio"/> Deep Water aerobics</li> <li><input type="radio"/> Shallow Water aerobics</li> <li><input type="radio"/> Arthritis Aquatics</li> <li><input type="radio"/> Senior Fitness (Enhanced Fitness)</li> <li><input type="radio"/> Cycling</li> <li><input type="radio"/> Stretching</li> <li><input type="radio"/> Yoga</li> <li><input type="radio"/> Cardio tone</li> <li><input type="radio"/> Pilates</li> <li><input type="radio"/> Step/dance/tone</li> <li><input type="radio"/> Total Body Conditioning</li> <li><input type="radio"/> Super Circuit (Intense)</li> <li><input type="radio"/> SilverSneakers</li> <li><input type="radio"/> Other _____</li> <li><input type="radio"/> <b>Would you like a call</b> <b>If so please write your name</b> <b>And number</b> _____</li> </ul>	<p>Personal Training:</p> <ul style="list-style-type: none"> <li><input type="radio"/> <b>If interested in personal training please give your Name and Number</b> _____ _____</li> </ul> <p>Best number to reach you _____</p> <p>Best time to reach you: _____</p>
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