



Last Name

**USDA EMPLOYEE SERVICES &
RECREATION ASSOCIATION
FITNESS CENTERS**

APPLICATION FOR MEMBERSHIP

Member No. _____
Center: SB RV BV KC
Status: Perm Cont Non USDA
Date Join: ____/____/____
Date Fit Test: ____/____/____
Date Orientation: ____/____/____

PERSONAL DATA:

First Name: _____ Last Name: _____

Date of Birth: ____/____/____

Department: _____ Agency: _____ Building: _____

Room No. _____ Occupation: _____

Home Address: _____ City: _____ State: _____ ZIP: _____

Home Phone: (____) _____ Work Phone: (____) _____

E-Mail Address: _____

Emergency Contact: _____ Emergency Phone: (____) _____

Physician Name: _____ Physician Phone: (____) _____

MEDICAL DATA (Please check all that apply):

- | | | |
|--|---|--|
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Dizziness/Fainting | <input type="checkbox"/> Bone/Joint Problems |
| <input type="checkbox"/> Heart Attack | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Heart Murmur | <input type="checkbox"/> Epilepsy/Seizures | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> High Blood Pressure (140/90+) | <input type="checkbox"/> Lung Disorders | <input type="checkbox"/> Thyroid |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Asthma | <input type="checkbox"/> Pregnant |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Allergies | <input type="checkbox"/> Kidney Disorders |

Medications: _____ For? _____

Other: _____

If you have any of these conditions, you need a physician's clearance to participate in our programs.

OFFICE USE ONLY:

- Initial Fee (\$25)- Non refundable
 Membership Payment: \$ _____
 Total Paid: \$ _____
 Payroll Deduction

Date M'ship Expires: ____/____/____

Staff Initials: _____

EXERCISE DATA:

Do you presently exercise: (Check one)

- Little or no physical activity
- Walk occasionally (1-2 days/wk.)
- Moderately exercise (2-3 days/wk.)
- Heavy exercise (4+ days/wk.)

What type of activities do you participate in?

What are your fitness goals?

Which of the following activities are you interested in? (Check all that apply)

- Weight training
- Walking
- Jogging
- Rowing
- Biking
- Cross Trainer
- Aerobic classes
- Step classes
- Stretch & Tone
- Martial Arts
- Stair Master
- Other (please list) _____

Between what times do you plan on using the Fitness Center? (Check one)

- 6:00am to 10:00am
- 11:00am to 2:00pm
- 4:00pm- 7:00pm

**USDA EMPLOYEE SERVICES & RECREATION ASSOCIATION
FITNESS CENTERS**

APPLICATION FOR MEMBERSHIP/ LIABILITY RELEASE

I, _____, do hereby release (1) the United States Department of Agriculture (USDA) and its officials, (2) the USDA Employee Services & Recreation Association (ESRA) and its Officers, Board of Directors, employees, managing agents, and members, and (3) any and all successors to any of the above from any and all liability, including death or bodily injury and property damage to persons or property of others resulting or caused by any act or omission of the applicant. The applicant hereby waives any and all claims which might otherwise arise against the USDA, ESRA, and any of said officials, for any damages, loses, or injuries which the applicant may sustain to his/her person or property, in, or as a result of using the physical fitness and exercise facilities and equipment maintained at and under the management and control of ESRA, or using any services provided at or in connection with any ESRA Fitness Center notwithstanding the applicant's payment of a fee or fees for the privilege of using such facilities, equipment or services.

The applicant shall exercise special care to avoid damage to the facilities and property of others and assumes all responsibility for and agrees to indemnify the USDA and ESRA from and against any and all loss or damage or claims, demands, suits, or judgments, including attorney fees, resulting from the activities and all acts or omissions of the applicant. Applicant shall make an immediate report to the Association of the occurrence of any loss or damage.

SIGNATURE OF APPLICANT

DATE

AGENCY

USDA/ESRA FITNESS CENTER REGULATIONS

1. The Fitness Center hours at present are 6:00 a.m. to 7:00 p.m. (South Bldg.) and 11:00 a.m. to 7:00 p.m. (all other centers) Monday through Friday excluding all federal holidays. However, ESRA reserves the right to change these hours of operation without notice.
2. All dues and fees are non-refundable.
3. When joining the Fitness Center, a Fitness Assessment is performed before joining and an equipment orientation will be scheduled if needed.
4. All “day-use” lockers are for use only during the time you are using the Center. Anything left in the lockers overnight will be subject to disposal. ESRA is not responsible for loss of property from lockers. You are urged to use a lock, but remove it after you have finished with the locker. Locks left on overnight will be subject to removal.
5. NO guests are allowed to use the facility. This includes family members.
6. NO smoking is allowed in the Center, nor are food or drinks.
7. ONLY towels are allowed in the Fitness Center. All other personal items MUST be placed in a locker.
8. Exercise Program cards are available to record your workouts. Cards must be returned to the “Card Box.”
9. Appropriate **EXERCISE CLOTHES** must be worn while working out in the Center:
 - NO street clothes or shoes.
 - NO jeans or cut-offs.
 - T-shirts are allowed and must meet the following criteria:
 - must cover the chest, upper and lower back.
 - must have double shoulder straps which don’t combine into one in the back.
 - may be short sleeve or tank top.
 - While wearing leotards, shorts or tights MUST be worn.
 - No crop tops, mesh shirts, half-shirts, or torn shirts.
 - Exercise shoes MUST be worn at all times. NO bare feet.
10. No dirty workout clothes or clothing smelling of body odor should be worn or kept in lockers. Proper hygiene must be maintained for a safe and sanitary environment for all members. ESRA reserves the right to enter lockers and remove clothing that is objectionable. Please make sure to wash your workout clothing regularly.
11. Be courteous of other members and place free weights back on racks when finished using them.
12. Limit your exercise time to 20 minutes on the cardiovascular equipment during peak hours. Sign-up sheets are available to guarantee your session. Keep in mind if your time is up, you must get off the equipment if someone is waiting. You may sign up for the cardio equipment only 1 hour in advance.
13. The USDA/ESRA Fitness Center is not responsible for lost, stolen, or damaged property. There is a “lost and found” in the Fitness Center office.
14. The office phone is NOT available for members to use. At the South Building Center, there is a USDA house phone located outside the entrance to the men’s locker room located closest to the Ag Promenade Mall.
15. The Fitness Center office is for employees only, unless you are there for official business.
16. No one is permitted to stretch in the aerobics room while classes are being held.

I have read and clearly understand the above USDA/ESRA Fitness Center regulations and agree to abide by them or risk having my membership suspended or canceled.

Signature

Date

**USDA EMPLOYEE SERVICES & RECREATION ASSOCIATION
FITNESS CENTER OPERATIONS**

IMPORTANT INFORMATION

To: All USDA/ESRA Fitness Center Members.

All members are responsible for membership dues from the first day they are members. For those who use payroll deduction, you need to be aware that it sometimes takes up to 3-4 months for deductions to be processed by the NFC and ESRA begins to receive your dues. As you can imagine, this 3-4 month lag can be very expensive to the Association.

Our policy in this regard is to invoice you for the amount you owe from the time you first join until the first payment is received by ESRA from your payroll deduction. You are responsible for paying this invoice.

You also need to be aware that NFC policy is to only allow USDA employees 2 allotments for payroll deductions. If you have already used your allotment, you cannot use payroll deduction for your fitness center dues. Please make sure that you have a free allotment available. If you do not, you must pay your fitness center dues either annually or semi-annually. Payment can be made by cash, check and money order (made payable to USDA/ESRA), or Visa or MasterCard.

Finally, if you decide to end your membership in the center, **it is your responsibility** to notify NFC through your personnel office to end your payroll deductions to ESRA. We are not allowed by the Department to do this for you. ESRA will not refund your fees if you fail to notify NFC of your intent. You should also notify Fitness Center staff of your intent to end your membership. Additionally, please notify the Center if your name, office address and/or phone, email address, etc. change.

Roger A. Lancaster, General Manager
USDA/ESRA

Ann Marie Halla, Director
USDA/ESRA Fitness Center Operations

I have read and understand this letter. I also agree to be responsible for fitness center fees not covered by payroll deduction and/or fees due from the period I first join the Center until payroll deduction fees are received by ESRA.

Signature

Date