



**Campus Recreation Group Fitness Registration Form**

REGISTRATION #  S1 \_\_\_\_\_ \$25.00  
 S2 \_\_\_\_\_ \$25.00  
 Both \_\_\_\_\_ \$45.00



Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ D.O.B: \_\_\_/\_\_\_/\_\_\_ Age:   
 Your Email: \_\_\_\_\_ NU ID#: \_\_\_\_\_ Local \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Permanent \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Emergency \_\_\_\_\_ Emergency \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Contact Name: \_\_\_\_\_ Today's Date: \_\_\_/\_\_\_/\_\_\_

Full-Time Students:	Other Marino Center Participants:
<input type="checkbox"/> Undergraduate => <input type="checkbox"/> Fresh <input type="checkbox"/> Soph <input type="checkbox"/> Mid <input type="checkbox"/> Junior <input type="checkbox"/> Senior	<input type="checkbox"/> Alumni <input type="checkbox"/> Other
<input type="checkbox"/> Graduate	<input type="checkbox"/> Faculty/Staff
<input type="checkbox"/> Law School	<input type="checkbox"/> Part-time Student

**IMPORTANT:**

- ALL FULL-TIME STUDENTS 35 YEARS OF AGE AND OLDER ARE REQUIRED TO SUBMIT YEARLY PHYSICIAN APPROVAL FORMS PRIOR TO PARTICIPATING IN THE GROUP FITNESS PROGRAM. NO EXCEPTIONS GRANTED!
- ALL OTHER MARINO CENTER PARTICIPANTS (ALUMNI, FACULTY/STAFF, PART-TIME STUDENTS & BOSTON CONSERVATORY STUDENTS, ARE REQUIRED TO SUBMIT YEARLY PHYSICIAN APPROVAL FORMS REGARDLESS OF AGE. NO EXCEPTIONS GRANTED!
- NO REFUNDS** WILL BE GRANTED! LATE ADMITTANCE TO CLASSES WILL NOT BE ALLOWED!

I hereby release and discharge Northeastern University, its corporators, trustees, employees, students, and agents from any and all costs, liability, and expense for personal injury or death I may suffer in any way related to my participation in the Group Fitness Program. I also accept complete responsibility for requesting aerobic exercise and any assistance I may receive. I also understand that aerobic exercise carries with it the possibility for certain changes during or immediately after exercise. The changes may include abnormal blood pressure, fainting, disorders of heartbeat, and in very rare instances, heart attack or sudden death.

I hereby acknowledge and accept these risks. \_\_\_\_\_  
*participant's signature* *date*

**OFFICE STAFF USE ONLY:**

1--Is the participant eligible to use the Marino Center? -Run ID through card reader	Yes	No
2--Is the registration form filled out completely and legibly?	Yes	No
3--Is the participant 35 years of age or older?	Yes	No
4--Is the participant Alumni, Faculty, Staff, or a Part-Time student?	Yes	No
5--If #3 or #4 is marked "YES", then is there a current physician approval form on file?	Yes	No
6--Did the participant give his/her approval form with this registration form?	Yes	No

Stamp here when entered into the online computer system:



Staff Initials: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_