

# New Member Enrollment Form (1<sup>st</sup> page, staff use only)

Regular - manila file \_\_\_\_\_ PT Trial - green \_\_\_\_\_

TKD - orange \_\_\_\_\_ Special trial - red \_\_\_\_\_

Summer or Holiday Student - blue \_\_\_\_\_

Member Name \_\_\_\_\_ Member Join Date \_\_\_\_\_

This form initiated by \_\_\_\_\_ Member Number \_\_\_\_\_

**SPONSOR** 1 \_\_\_\_\_ Been a member before? \_\_\_\_\_ Date of Previous Cancellation \_\_\_\_/\_\_\_\_/\_\_\_\_.

2 \_\_\_\_\_ Copy of Sponsor Badge **Sponsor's Hire Date: Mo.** \_\_\_\_\_ **Yr** \_\_\_\_\_

3 \_\_\_\_\_ Circle Relationship to Sponsor

4 \_\_\_\_\_ Enrollment Sheet (signed by sponsor) Sponsor Member # \_\_\_\_\_

**MEDICAL** 5 \_\_\_\_\_ Release and Indemnity

6 \_\_\_\_\_ Medical screening

7 \_\_\_\_\_ Medical addendum filled out (if applicable)

8 \_\_\_\_\_ Medical release obtained (if applicable)

**PAYMENT** 9 \_\_\_\_\_ 1st month dues Amt. Paid \_\_\_\_\_ I.D. fee \_\_\_\_\_ Inv# \_\_\_\_\_

10 \_\_\_\_\_ Method: Rockwell Collins(PDC), Bank withdrawal form(AW), Cash \_\_\_\_\_  
Payroll Deduction Card

11 \_\_\_\_\_ Deposit slip or voided check (applicable for Bank Withdrawal only)

**CONTRACT** 12 \_\_\_\_\_ Membership Contract (not applicable for Cash memberships)

## **ORIENTATION**

13 \_\_\_\_\_ Set Up Orientation Date \_\_\_\_\_ Time \_\_\_\_\_ FI \_\_\_\_\_

## **ASSEMBLE FORMS**

14 \_\_\_\_\_ / \_\_\_\_\_ Hand the member a **Membership Handbook & Welcome Memo**

15 \_\_\_\_\_ Make file folder with label for new member

**CLEAR** Put file in clear (to be entered in computer) when items 1-15 have been completed.

16 \_\_\_\_\_ Payment method pulled and processed (Administrator)

17 \_\_\_\_\_ File entered in computer (Administrator)

**FITNESS** 18 \_\_\_\_\_ Orientation Given (Fitness Instructor)

## **INSTRUCTOR**

19 \_\_\_\_\_ ID released (Only if items 1-17 have been signed off on)

**CLEAR** Put file in clear when items 1-19 have been completed.

## Membership Enrollment Form

### Relationship to Sponsor

Rockwell Collins Employee	<u>self</u>	in-law	Youth Restricted (ages 12-15)
	<u>spouse or fiancé</u>	step	Youth Unrestricted (ages 12-15)
Co-Op or Intern	<u>child</u>	half	Student (ages 16-23)
	<u>parent</u>		Adult
Rockwell Collins Retiree	<u>brother</u>		Retiree Unrestricted
	<u>sister</u>		Retiree Restricted
<i>Physical Therapy</i>	<u>grandchild</u>		Summer Student
	<u>grandparent</u>		Holiday Student
Rockwell Collins Contractor	<u>uncle</u>		
Child Development Cntr.	<u>aunt</u>		
Collins Credit Union	<u>niece</u>		
Munson / Aramark	<u>nephew</u>		
S&A Comp. / Hewlett P.	first <u>cousin</u>		
US Securities			

### New Member Information

Date \_\_\_\_\_

Lname \_\_\_\_\_ Fname \_\_\_\_\_ MI \_\_\_\_\_

Rockwell Collins Personnel Number (Employee's Only) \_ \_ \_ \_ \_ Hire Date Mo. \_\_\_ Yr. \_\_\_

DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age \_\_\_\_\_ Sex: M F

Street Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_

Employer \_\_\_\_\_ Work Number \_\_\_\_\_ Mail Station \_\_\_\_\_

Home Phone \_\_\_\_\_ E-mail \_\_\_\_\_

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

What is your reason for joining? \_\_\_\_\_

### Payment Information

How will your future payments be made: Rockwell Collins PDC    Bank Withdrawal    Cash \_\_\_\_\_ mo/yr

Payer Name \_\_\_\_\_

### Sponsor Information

Sponsor Name \_\_\_\_\_ Sponsor Phone \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Personnel Number: (employees) \_ \_ \_ \_ \_ Sponsor's D.O.B. (retirees) \_\_\_ / \_\_\_ / \_\_\_

**Sponsor Verification** This section must be signed by the Rockwell Collins Sponsor listed above.

I verify that the new member listed above is my relative and is eligible for membership at the Rockwell Collins Recreation Center. I understand that fraudulent sponsorship of a member will be reported to security, and result in the termination of my membership and all memberships I have sponsored.

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

**Rockwell Collins Recreation Center**  
**Acknowledgment of Assumption of Risk, Indemnity Agreement, Waiver and Release**

I, the undersigned, know and understand that the use of Rockwell Collins, Inc.'s ("RCI") Recreation Center, hereinafter referred to as "Recreation Center", and my participation in its related events for recreation, the improvement of fitness, and/or the improvement of athletic skills may:

- Involve potentially hazardous or dangerous activities and conditions or
- Cause me injury, including but not limited to: muscle sprains and strains, ligament tears, broken bones, back injuries or heart attacks, some of which may even cause paralysis or death.

I attend the Recreation Center and its related events out of my own free will and choice. In choosing to use the Recreation Center or participate in its related events, I fully accept and assume the risk of injury, whether before, during, or after my use of the Recreation Center or participation in its events. This includes, without limitation, physical injury, mental injury, emotional distress, trauma, sickness, illness, death, contact with other participants, inadequate safety equipment, the effects of weather including extreme temperature or conditions, and negligence of others participating in the events, including those watching or observing.

I am aware that the risk of injury or death is always present while exercising and that this risk cannot be eliminated by RCI or the Recreation Center's managers or employees while using the Recreation Center or participating in its related events. All risks are known appreciated and assumed by me and I waive any and all specific notice of the existence of them and further waive the obligation, if any, that any other person or entity has to advise or warn me of them. I assume liability for and agree to pay my own medical and emergency expenses in the event of injury, illness, or other incapacity regardless of whether I authorized such expenses.

I realize that the use of the Recreation Center and/or the participation in its related events may require physical conditioning. I represent that I am in sound medical condition capable of using the Recreation Center or participating in Recreation Center events without risk to myself or others. I have no medical impediment that would endanger others or me. I will be solely responsible for the condition and adequacy of my athletic equipment and safety gear. I will exercise safely within the limits of my own abilities, my equipment, the environmental conditions, and in a manner that does not endanger others or me. Knowing these facts and in consideration of my membership to the Recreation Center and/or use of the Recreation Center and participation in its related events, I for myself, spouse, children, heirs, next of kin, executors, administrators, assigns and anyone acting on my behalf, release, waive, discharge, covenant not to sue and agree to hold RCI and its subsidiaries and affiliated entities and its directors, officers, employees, representatives, agents, and successors; Match Play Tennis Centers, Inc. and its subsidiaries and affiliated entities and its directors, officers, employees, representatives, agents, and successors; Recreation Center event co-sponsors and volunteers harmless from any and all claims, demands and actions of any and every kind I have, may have or may hereafter accrue against the released parties directly or indirectly arising out of or relating in any respect to my attending or use of the Recreation Center and/or participation in any related events.

My waiver and release of all claims, demands, actions and liabilities shall include without limitation, any personal injury, accident, illness or death and any property damage or loss that may be: (a) caused by any act, or failure to act, by the above-identified persons and entities, including without limitation, their negligence, errors, omissions in providing exercise advice or the failure to enforce rules and/or (b) sustained by me before, during or after the use of the Recreation Center and the participation in its related events.

I acknowledge that I am signing this agreement freely and voluntarily, and intend by my signature for this to be a complete and unconditional release of all liability to the greatest extent allowed by law. I further acknowledge that no representations, promises, statements or inducements have been made to me other than as set forth in this document. I will abide by all Recreation Center rules and regulations. I further agree to indemnify and hold the parties released above harmless from any and all losses, damages, injuries, claims and expenses, including attorneys' fees, arising from or relating in any respect to my use of and/or participation in Recreation Center and/or its related events or my breach of this agreement. If I

am a minor, my parent or guardian also is signing on my behalf. We both agree to be bound by the terms of this agreement, waiver and release. I also waive all spousal claims relating to the Recreation Center, if any, that I hold or that may arise through me. I agree that no modifications or amendments to this waiver and release shall be binding unless they are accepted in a separate writing signed by the Senior Vice President of Human Resources for RCI.

I have read the foregoing Recreation Center Acknowledgement of Assumption of Risk, Indemnity Agreement, Waiver and Release and have voluntarily executed this document with full knowledge of its content.

**Member Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent Signature (if minor)** \_\_\_\_\_ **Date** \_\_\_\_\_

# Confidential Medical History

Date \_\_\_\_\_

Please check Yes or No to the following questions.  
Do you have/have you experienced any of the following:

- | Yes   | No    |   |
|-------|-------|---|
| _____ | _____ | 1. Heart trouble? Specify _____   |
| _____ | _____ | 2. Chest pains or tightness in chest?   |
| _____ | _____ | 3. High blood pressure?   |
| _____ | _____ | 4. Fainting or dizziness?   |
| _____ | _____ | 5. Shortness of breath from exercise?   |
| _____ | _____ | 6. Asthma?  |
| _____ | _____ | 7. Concussion?  |
| _____ | _____ | 8. Kidney problems?   |
| _____ | _____ | 9. Hernias?   |
| _____ | _____ | 10. Seizures (epileptic or other)?  |
| _____ | _____ | 11. Back or orthopedic problems? Specify _____                                    |
| _____ | _____ | 12. Anemia?   |
| _____ | _____ | 13. Diabetes?   |
| _____ | _____ | 14. Fractures or broken bones?  |
| _____ | _____ | 15. Any physical condition that is aggravated by exercise?                        |
| _____ | _____ | 16. Any reason that you could not exercise if you wanted to?                      |
| _____ | _____ | 17. Any significant medical conditions not covered above?                         |
| _____ | _____ | 18. Anyone under 50 years old in family died of heart disease?                    |
| _____ | _____ | 19. Any major surgery in the last five years? Specify _____                       |
| _____ | _____ | 20. Weight gain in past 10 years? How many pounds? _____                          |
|       |       | 21. Are you currently under the care of a physician? Specify _____                |
|       |       | 22. Have you had a physical in the last year? _____ If so, why? _____             |
|       |       | 23. What medications are you currently taking? _____                              |
|       |       | 24. Do you smoke? _____ How many packs per day? _____                             |
|       |       | 25. Have you smoked in the past? _____ Packs per day? _____ How many years? _____ |

**Medical Screening** Completed by \_\_\_\_\_ Date \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Resting Heart Rate \_\_\_\_\_ Blood Pressure \_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_ Able to participate \_\_\_\_\_ Refer to medical addendum

\_\_\_\_\_ Able to participate with physicians approval

\_\_\_\_\_ Rejected due to physicians statement and medical history