SOUTHWEST
MINNESOTA STATE UNIVERSITY

Name _____ Phone _____

Mustang ID _____

Memberships

[ ] Entire year $75.00
Year membership start date _____

[ ] Fall semester $35.00
[ ] Spring semester $35.00
[ ] Summer semester $10.00

Emergency contact: _____ Phone: _____

Doctor: _____ Phone: _____

Are you taking any kind of medication? If yes, please list

_____

Do you have or ever had any of the following conditions?

___ Heart attack _____
___ Stroke _____
___ Chest pains _____
___ Hypertension _____
___ Diabetes _____
___ Cancer _____
___ High cholesterol _____
___ Hernia _____
___ Arthritis _____
___ Thyroid _____
___ Anemia _____

Are you currently under the care of a physician for any reason at all? If yes, please explain.

_____

RELEASE – I know of no physical or medical conditions which I, or my doctor, feel could be aggravated by my using the equipment and facilities or participating activities sponsored by the fitness center. The information given on this form is, to the best of my knowledge, complete and accurate.

_____

Signature Date