

# ***CLAIR T. BLIKRE ACTIVITIES CENTER MEMBERSHIPS, APPLICATION AND PRIVILEGES***

## **MEMBERSHIP OPTIONS**

### **General**

One-Year Membership.....	\$225
Six-Month Membership.....	\$150
Punchcard (25 Visits).....	\$50
One-Day Pass.....	\$5

### **Family**

One-Year Membership.....	\$375
Six-Month Membership.....	\$225

\*Family members under the age of 15 who would like to use the facility must be accompanied by a parent or guardian.

### **Senior Citizens (age 62 or older)**

One-Year Membership.....	\$100
Six-Month Membership.....	\$75

\*The Track Facility will be of no charge to use but an individual must still have a membership card to present at the front desk.

### **High School Students (Age 15-19)**

#### **Summer Only**

June-August Membership.....	\$75
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\*If your membership card is lost or needs to be replaced, there will be a \$10 fee for a new card.

### **Locker Rentals (Yearly)**

Large.....	\$20
Small.....	\$10
Daily Locker*.....	Free

\*Must provide own lock and clean out after each use or will be charged a fee.)

## **MEMBERSHIP PRIVILEGES**

1. Use of the Main Floor, Indoor Track, Wellness Center, Auxiliary Gym, Racquetball Courts, Weight Room, Locker Rooms and Shower Facilities when not being used for college functions.
2. Use of Racquetball Courts are on a first come, first serve basis unless court has been reserved; check at the front desk for reservations.
3. **A membership card or student/employee id card must be presented on each visit to the desk workers in order to use the facility.**

## **HOURS OF FACILITY(During Academic School Year)**

Monday-Thursday	6:00am – 10:00pm
Friday	6:00am – 5:00pm
Saturday	10:00am – 4:00pm
Sunday	2:00pm – 8:00pm

**North Dakota State College of Science  
Clair T. Blikre Activities Center**

**Membership Application (Individual/Husband/Wife)**

**MEMBERSHIP CHOICE \_\_\_\_\_**

Name \_\_\_\_\_ DOB \_\_\_\_\_ Today's Date \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_  
Sex: M F Height \_\_\_\_\_ Weight \_\_\_\_\_ Doctor's Name \_\_\_\_\_  
Clinic Name \_\_\_\_\_  
Exercise Habits: How Often \_\_\_\_\_ When Started \_\_\_\_\_

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**Health History**

**Known Health Problems:** Heart Disease : Yes \_\_\_\_\_ No \_\_\_\_\_ Type \_\_\_\_\_  
High Blood Pressure Yes \_\_\_\_\_ No \_\_\_\_\_

Please list any other disease you have : \_\_\_\_\_

**Any Symptoms?** Chest pains : Yes \_\_\_\_\_ No \_\_\_\_\_ Back pain : Yes \_\_\_\_\_ No \_\_\_\_\_  
Joint pain : Yes \_\_\_\_\_ No \_\_\_\_\_  
Other Pain : Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, where \_\_\_\_\_

**Use any medications?** Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please list \_\_\_\_\_  
\_\_\_\_\_

**Any degenerative bone or joint disease?** Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please list \_\_\_\_\_  
\_\_\_\_\_

**Do you have arthritis in any joints?** Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please list \_\_\_\_\_  
\_\_\_\_\_

**Have you told your doctor you are participating in this program?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Do you have diabetes, high blood sugar, or sugar in the urine now?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Has there been more than one heart attack, coronary attack, or person with heart trouble in your family before age 60 (blood related)?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Do you smoke?** Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how much? \_\_\_\_\_ How long? \_\_\_\_\_

**Have you been found to have elevated blood cholesterol and advised to take drugs or modify your diet for this problem?**  
Yes \_\_\_\_\_ No \_\_\_\_\_

**Have you been told by a physician that you have an abnormal EKG and/or heart disease such as myocardial infarction or arteriosclerosis?** Yes \_\_\_\_\_ No \_\_\_\_\_

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Office Use Only

Membership Type \_\_\_\_\_ Membership Term : 6 month \_\_\_\_\_ Year \_\_\_\_\_  
Start Date \_\_\_\_\_  
Renewal Date \_\_\_\_\_  
Payment Received \_\_\_\_\_ Date \_\_\_\_\_

## Additional Family Members Information

Name \_\_\_\_\_ DOB \_\_\_\_\_ Today's Date \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_  
Sex: M F Height \_\_\_\_\_ Weight \_\_\_\_\_ Doctor's Name \_\_\_\_\_  
Clinic Name \_\_\_\_\_  
Exercise Habits: How Often \_\_\_\_\_ When Started \_\_\_\_\_

Please list, if any, Health Related Problems: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Today's Date \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_  
Sex: M F Height \_\_\_\_\_ Weight \_\_\_\_\_ Doctor's Name \_\_\_\_\_  
Clinic Name \_\_\_\_\_  
Exercise Habits: How Often \_\_\_\_\_ When Started \_\_\_\_\_

Please list, if any, Health Related Problems: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Today's Date \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_  
Sex: M F Height \_\_\_\_\_ Weight \_\_\_\_\_ Doctor's Name \_\_\_\_\_  
Clinic Name \_\_\_\_\_  
Exercise Habits: How Often \_\_\_\_\_ When Started \_\_\_\_\_

Please list, if any, Health Related Problems: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Today's Date \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_  
Sex: M F Height \_\_\_\_\_ Weight \_\_\_\_\_ Doctor's Name \_\_\_\_\_  
Clinic Name \_\_\_\_\_  
Exercise Habits: How Often \_\_\_\_\_ When Started \_\_\_\_\_

Please list, if any, Health Related Problems: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**North Dakota State College of Science  
Clair T. Blikre Activities Center**

**Release of Liability**

1. In consideration of being allowed to participate in activities and programs at the Clair T. Blikre Activities Center and use its facilities, equipment and services, in addition to the payment of any fee or charge, Myself and my family hereby forever waive, release and discharge North Dakota State College of Science and its officers, agents, employees, representatives, executors and all other acting on their behalf from any claims or liabilities for injuries or damages to my person/family and/or property, including those caused by negligent act or omission of any of those mentioned or others acting on their behalf, arising out of or connected with myself and family participation in any activities, programs or services of North Dakota State College of Science. (Please Initial:        )
  
2. My family and I have been informed of, understand and am aware that strength, flexibility and aerobic exercise including the use of equipment is a potentially hazardous activity. We also have been informed of, understand and am aware that fitness activities involve a risk of injury, including a remote risk of death or serious disability and that we voluntarily participate in these activities, use of equipment and machinery with full knowledge, understanding and appreciation of the dangers involved. We hereby agree to expressly assume and accept any and all risks of injury or death. (Please Initial:        )
  
3. My family and I hereby further declare ourselves to be physically sound and suffering from no conditions, impairments, diseases, infirmity's or other illnesses that would prevent our participation in these activities or use of equipment. We hereby acknowledge that we have been informed of the need for a physician's approval for our participation in the exercise activities, programs and use of exercise equipment. We also acknowledge that it has been recommended that we have a yearly physical examination and consultation with my physician as to physical activity, exercise and use of exercise equipment. We acknowledge that either we had a physical examination and have been given our physicians permission to participate or we have decided to participate in the exercise activities, programs and use of equipment without the approval of my physician and do hereby assume all responsibility for my participation in said activities, programs and use of equipment. (Please Initial:        )
  
4. My family and I understand that to use and/or participate in exercise, activities, programs and use of equipment at the Clair T. Blikre Activities Center, we must follow and abide by **all** of the building, track, gym, locker room and fitness area rules. (See attached sheet) We understand the responsibilities of being a supervisor to a minor. We hereby acknowledge that any breaking of the rules established by the North Dakota State College of Science, could result in removal and/or dismissal from further use of the Clair T. Blikre Activites Center. (Please Initial:        )

Signature \_\_\_\_\_

Staff Signature \_\_\_\_\_

Date \_\_\_\_\_

## Rules and Regulations

- MEMBERS/STUDENTS USE NORTH DOOR TO ACCESS FACILITY.
- PLEASE READ ALL RULE POSTINGS WHEN ENTERING THE BUILDING.
- DANGEROUS OR OFFENSIVE ACTS, DISREGARD FOR OTHERS, ENDANGERING THE SAFETY OF OTHERS, OR THE USE OF PROFANITY WILL NOT BE TOLERATED, AND ARE GROUNDS FOR REMOVAL FROM FACILITY.
- YOU MUST HAVE A VALID MEMBERSHIP ID CARD TO USE THE FACILITY. THIS CARD MUST BE BROUGHT IN WITH YOU AT EACH VISIT. **YOU WILL NOT BE ADMITTED WITHOUT ID CARD.**
- ALL STUDENTS ARE REQUIRED TO SHOW COLLEGE ISSUED ID AND CHECK IN AT THE FRONT REGISTRATION DESK EACH VISIT. **YOU WILL NOT BE ADMITTED WITHOUT ID CARD.**
- TO RECEIVE RECREATION EQUIPMENT, AN INDIVIDUAL MUST LEAVE HIS OR HER MEMBERSHIP CARD WITH THE REGISTRATION DESK. IF EQUIPMENT IS NOT RETURNED OR DAMAGED ON RETURN, MEMBER WILL BE CHARGED REPLACEMENT COST AND WILL NOT BE ABLE TO USE THE FACILITY UNTIL PAYMENT HAS BEEN RECEIVED.
- NO TOBACCO (OF ANY KIND), ALCOHOL OR DRUGS.
- NO FOOD OR GUM ARE ALLOWED ON THE TRACK/COURT AREA OR THE FITNESS AREAS.
- NO PETS.
- NO LOITERING.
- NO FIGHTING.
- SHOES, SHIRTS, AND PANTS ARE TO BE WORN AT ALL TIMES.
- NO CUT OFFS, STREET SHOES, OR BARE MIDRIFTS WILL BE ALLOWED.
- PANTS AND SHORTS NEED TO BE WORN AT THE WAISTLINE; NO "SAGGING" IS TOLERATED.
- NO RADIO OR AUDIO DEVICES WITHOUT HEADPHONES ARE ALLOWED.
- NO CAMERAS AND/OR CAMERA PHONES ALLOWED IN LOCKER ROOM AREA.
- SHOW COURTESY TO ALL BUILDING STAFF, FACILITY AND EQUIPMENT. STAFF WILL ASK YOU TO LEAVE IF YOU ARE NOT DOING SO.
- DO NOT TAKE THINGS THAT DON'T BELONG TO YOU. IF SOMETHING IS LEFT BEHIND TURN IT INTO THE DESK WORKER/REGISTRATION DESK.
- IT IS THE STUDENT'S RESPONSIBILITY TO FOLLOW THE STUDENT CODE OF CONDUCT AS STATED IN THE NDSCS HANDBOOK.
- MANAGEMENT RESERVES THE RIGHT TO ENFORCE NEW OR ALTERED RULES OR POLICIES WHEN APPLICABLE.
- DURING PEAK USE PERIODS, TIME LIMITS WILL BE ENFORCED FOR HIGH DEMAND EQUIPMENT/AREAS.

Mike Shafer  
Facility Coordinator  
701-671-2448  
800 N 6<sup>th</sup> St.  
Wahpeton, ND 58075

## Activity Area Rules and Regulations

### GENERAL

- Water is permitted in closed plastic bottles, no food or gum allowed in any activity areas of the facility
- All personal items must be secured in the locker room. No personal clothing items will be allowed in activity areas
- The facility is not responsible for lost or stolen items

### ATTIRE AND FOOTWARE

- Appropriate attire is required at all times
- Sandals and open toe shoes are not permitted in the workout area.
- Jeans, zippered or riveted clothing are prohibited due to the risk of ripping equipment, or chance of injury
- A pair of clean, dry shoes must be worn in the facility. No street shoes will be allowed on courts or equipment
- Court shoes must be worn for all court activities, shoes that mark floors or turf shoes are prohibited
- Jewelry that may cause damage to equipment or pose a chance of injury are prohibited

### WEIGHT AREA

- Free weights, dumbbells and barbells **MUST BE RACKED** after each use.
- Wipe down equipment after each use. Wipes will be provided.
- Do not place free weight equipment against or near mirrors.
- Know your limits; do not lift beyond your capabilities. Use spotters when necessary, desk workers cannot spot lifts
- Slamming of the weights will not be tolerated
- During peak use do not occupy a weight station for more than 10 minutes
- Immediately report any equipment issues to desk workers
- College teams will have priority when participating in organized team activities. (Wildcat weight room only)

### CARDIO AREA

- Please wipe down machines when finished. Wipes will be provided
- During peak use, 30 minute time limits on cardio equipment
- Do not make any technical adjustments to equipment. Staff or professional maintenance will take care of equipment

### AUX GYM/MAIN COURT

- Non-marking athletic shoes allowed on courts, no street shoes allowed
- No dunking or hanging from the rims or nets
- Equipment is available for checkout from registration desk, with proper ID
- No food or beverage is allowed on court areas

### RUNNING TRACK

- Appropriate athletic shoes must be worn on track.
- Follow track direction usage signs.
- Inside lane = walkers : Middle lane = joggers : Outside lane = runners
- Give right away to people passing on the track.
- The track is not an observation area, do not block lanes.
- Stretching or warming up should be done off the track, keep the track clear.