



UNIVERSITY OF WISCONSIN  
**PLATTEVILLE**

**PIONEER ACTIVITY CENTER  
MEMBERSHIP APPLICATION**

Order Card   
 Ordered \_\_\_/\_\_\_/\_\_\_  
 Using Staff or Student ID   
 Has PAC Card

NAME: _____		
Last	First	M.I.
MALE / FEMALE (circle one)	DATE OF BIRTH / /	Current Age:
MEMBERSHIP CLASSIFICATION (circle one):    GENERAL PUBLIC    FACULTY/STAFF		
SENIOR CITIZEN CORPORATE SR CITIZEN    PT STUDENT    FT STUDENT (spouse only)		
SINGLE    FAMILY (circle one)	WORK PHONE (   )	HOME PHONE (   )
EMAIL:		
ADDRESS, CITY, STATE & ZIP:		
Have you ever been a student at UW-Platteville? If yes, what name(s) were you registered under (maiden name, etc)?		
Have you ever had a membership to the PAC? If yes, what name(s) were you registered under (maiden name, etc)?		
Have you ever been employed at UW-Platteville? If yes, what name(s) were you employed under?		
Have you recently (within 6 months) been under the care of a physician for an injury or illness? If yes, please explain:		
Have you recently (within the past year) been under the care of a physician for an orthopedic problem? If yes, please explain:		
Do you wear contact lenses and/or glasses?    YES    NO		

**FOR OFFICE USE ONLY**

LAST NAME:		AMT PAID \$	RECEIPT #
SINGLE	FAMILY		
FAC/ST	GEN PUB	SR CITIZEN	PT OR FT STUDENT    CORPORATE
ANNUAL	SEMESTER	SUMMER	
DATE ENTERED:	ENTERED BY:	MEMBERSHIP EXPIRATION DATE:	

## **PIONEER ACTIVITY CENTER RULES & REGULATIONS**

1. Membership to the PAC is open to University faculty & staff, general public, and part-time students (less than six credits). Students who are carrying more than five credits receive membership through payment of their segregated fees. Membership may be terminated once a member no longer fulfills one or more of the requirements.
2. All members use the facility at their own risk. They accept full responsibility for any injury that results from participation in the use of the PAC
3. Members are responsible for their own property. The PAC is not responsible for loss, theft or damage. Members accept full responsibility for any injury that results from participation in the use of the PAC.
4. Damage to PAC property shall be paid for by any member who causes such damage. University disciplinary action and/or prosecution may occur.
5. Before a member exercises, he/she must register at the control room window with their membership card.
6. Members are required to dress appropriately for the activity that they are participating in. See specific activity rule sheets for details. **All members must wear clean, dry footwear into the activity center. From November 15 to April 15 only dry shoes, that aren't worn outside, are permitted in the facility.**
7. No gum, food and/or beverage (except water) may be brought into the PAC.
8. Members are not permitted to use the control room telephone except in an emergency.
9. Members are not allowed in the control room.
10. The PAC is a tobacco-free facility. Smoking and/or chewing are not allowed.
11. All members agree to follow the proper instructions for use of any PAC equipment. These instructions include both written materials and verbal instructions of the PAC Staff.
12. Membership fees are not refundable.
13. Members are expected to treat all persons in the PAC with respect and courtesy.
14. Any member may be expelled by the PAC Staff for violation of any rule or regulation.
15. **The PAC is off limits to any person under the age of 12 (Exception: family swim times, Kid's Night Out, Kid's Day Policy Dates/Hours, Athletic Events). Single memberships are available only to those age 18 and older. Family members between the ages of 12 and 17 must be under the direct supervision of their own parent when using the facility. Strength facility use is limited to members of high school age and older (entering ninth grade). When parents/designated guardians, bring children under the age of 18 into the PAC facility, they will be required to sign a parent/designated guardian location form at the PAC check in point (Control Room). The Parent Location Form indicates the specific PAC area (racquetball courts, weight room, track, volleyball courts, pool) where the parent/designated guardian can be reached. ALL ATHLETIC EVENTS ARE EXCLUDED. (Parent/designated guardian must always supervise/accompany individuals under the age 18 while they are in the pool.)**

**PLEASE READ AND SIGN THE FOLLOWING:**

I, \_\_\_\_\_, hereby state, as a member of the **PIONEER ACTIVITY CENTER**, that the information that I have provided in this form is true and accurate to the best of my knowledge. I also acknowledge and agree to abide by the rules and regulations as they may be in effect now, or as they may be amended. In addition, I accept full responsibility for my use of any and all facility privilege or service whatsoever, owned and operated by the Pioneer Activity Center.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



NAME:		
MALE FEMALE (circle one) DATE OF BIRTH / / CURRENT AGE		
What is the present state of your general health?		
PHYSICIAN'S NAME:		
PHYSICIAN'S PHONE NUMBER:		
Person to contact in case of an emergency?		
Name:		Phone Number:
Are you presently taking any medications? If yes, please specify for what.		
Does your physician know that you are participating in an exercise program?		
Are you now or have you been pregnant within the past three months?		
Do you have or have you had within the past year?	YES	NO
1. A history of heart problems?		
2. High blood pressure?		
3. Difficulty with physical exercise?		
4. A chronic illness?		
5. Advice from a physician not to exercise?		
6. Muscle, joint or back disorder that could be aggravated by physical activity?		
7. Recent surgery (within the past three months)?		
8. A history of lung problems?		
9. Diabetes?		
10. A cigarette-smoking habit?		
11. Obesity (more than 20 pounds overweight)?		
12. High blood cholesterol?		
13. A history of heart problems in immediate family?		
What regular physical activity do you presently do?		

**A Medical Clearance Form, signed by a physician, is required if you are pregnant or if you answered "yes" to any one of the first seven questions on this Health History Form.**

Medical referral is recommended for men or women who are starting a physical fitness program, and/or for anyone who answered "yes" to one of the questions 8-13 on the Health History Form.

