

# Oklahoma Panhandle State University Noble Center Membership Form

First \_\_\_\_\_ Last \_\_\_\_\_  
Address (mailing & street) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Membership Type:** (check one)

\_\_\_\_\_ Individual Semester                      \_\_\_\_\_ Family Semester  
\_\_\_\_\_ Individual Year                              \_\_\_\_\_ Family Year

**Family Membership-** Please list all eligible members.

NOTE: Parents and children under 18 are eligible.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

Physician: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_

Policy Number: \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_

**Phone** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

# Health Information:

1. Have you ever been diagnosed with a heart problem? Yes No  
If yes, explain\_\_\_\_\_

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2. Do you have high blood pressure? Yes No

3. Do you use an inhaler? Yes No  
If yes, explain\_\_\_\_\_

4. Do you have a history of back related problems? Yes No  
If yes, explain\_\_\_\_\_

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5. Have you had surgery in the last 12 months? Yes No  
If so, have you been released by your doctor? Yes No

6. Have you ever been diagnosed with diabetes? Yes No  
If yes, do you take insulin and what kind?

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7. Are you currently under a physician's care? Yes No  
If yes, explain\_\_\_\_\_

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If you answered yes to any of the above questions you should contact your doctor before beginning any type of physical activity.

Please note that upon entering the Noble Cultural and Activity Center you are assuming your own risk.

Oklahoma Panhandle State University and all associated personnel are not responsible for injuries that occur while using the Noble Cultural and Activity Center.