

Welcome to the Duke Fitness Club!

Duke is pleased to bring you the Duke Fitness Club as part of its continuing commitment to promote health and wellness among faculty and staff. The Duke Fitness Club offers you and your family discounted membership to fitness facilities throughout central North Carolina.

The Duke Fitness Club's network of facilities provides comprehensive services, convenient locations and attractive rates for faculty, staff and their families. The enrollment process is coordinated through **LIVE FOR LIFE**, Duke's employee health promotion program.

Eligibility: Those eligible are all Duke University and Health System faculty and staff, retirees and their spouses or same-sex partners, and dependents. Dependents are family members who are eligible for Duke benefits. More details about who qualifies as a dependent is available online.

To Join: Complete the enclosed application and follow the instructions for submission.

Send your completed enrollment forms to LIVE FOR LIFE through any of the following options:

- Fax: 919-684-1852, ATTN: Duke Fitness Club
- Campus Mail: Duke Fitness Club; Box 3200
- In person: Duke South Red Zone Basement Room 04290
Office Hours: Monday-Friday, 8 a.m.- 5 p.m.(closed Wednesday 12 – 2 p.m.)

A LIVE FOR LIFE staff member will contact you when your enrollment forms have been received to complete the enrollment process.



For more information, please visit our Web site at www.hr.duke.edu/fitness or call 919-684-3136 and select option 1.





At Duke

Effective date: _____

Duke Fitness Club Membership Agreement

Triangle SportsPlex (TSP)

Please initial each below:

_____ I agree to a 3-month contract with Triangle SportsPlex through LIVE FOR LIFE and month-to-month contract thereafter.

_____ If I choose to cancel my membership after 3 months, I will complete a cancellation form available from LIVE FOR LIFE. After LIVE FOR LIFE receives my cancellation form, it will take at least four weeks for the cancellation to be effective.

_____ I agree that payment is arranged for my convenience through payroll deduction; however depending on the payroll cycle, one or two month's payment upfront may be required to begin my membership immediately.

_____ I agree to allow LIVE FOR LIFE to deduct the membership fees through payroll deduction and I understand that my deduction covers 1 month in advance.

_____ I agree to notify LIVE FOR LIFE of any change in my name, address, phone number, employment or medical status.

_____ I agree to present my Duke ID at triangle SportsPlex front desk with each visit.

Please complete the below. Please print clearly or type.

Employee name (payee:) _____ Duke unique ID: _____

Duke Box #: _____ E-mail Address: _____

Home Address: _____ City: _____

State: _____ Zip Code: _____

Office Phone: _____ Home Phone: _____

Are you a Duke retiree or current employee? _____

If you are current employee, are you paid bi-weekly, monthly or the last day of the month? _____

Is your position considered faculty or staff? _____

Where is your work location? (circle one) Duke University Hospital Duke University Medical Center

Duke University Durham Regional Hospital Duke Raleigh Hospital

Fitness club membership category: (circle one) Single OR Employee +Spouse OR Family

Fitness club membership type: (circle one) Silver OR Gold OR Weekday Workout

Fitness Names of family member(s) if applicable: _____

Projected Club Start Date: _____ Monthly Fee: _____

How did you hear about the Duke Fitness Club at Triangle SportsPlex? (Please check all that apply)

- E-mail
- Direct mail
- Another member
- Information booth
- Web site
- Flyers
- Orientation
- Other: _____

Employees Signature _____ Date _____

For LIVE FOR LIFE use only

CSC STAFF INITIALS	FITNESS STAFF INITIALS ONLY
_____ Membership type selected	_____ Added to PR Report
_____ Amount pd to LFL \$ _____ Source _____ Pd Date _____	_____ Added to list serve
_____ Paperwork completed for each family member	_____ Entered into Duke Log
_____ Paperwork faxed to facility (919-644-2120)	_____ Entered into Healthcalc

Duke Fitness Club Pass Agreement Triangle SportsPlex

First Name: _____ Last Name: _____ Date of Birth: _____

Address: _____ City, State, Zip Code: _____

Home Phone: _____ Work Phone: _____ Height _____ Weight _____

Please enter your email address if you would like to be contacted by the Triangle SportsPlex or LIVE FOR LIFE about special promotions.

In case of an emergency please call: _____ Phone: _____

Type of Membership Pass: _____

Family Members (Maximum of 6 family members)

2nd Name: _____ Date of Birth: _____ Age: _____

3rd Name: _____ Date of Birth: _____ Age: _____

4th Name: _____ Date of Birth: _____ Age: _____

5th Name: _____ Date of Birth: _____ Age: _____

6th Name: _____ Date of Birth: _____ Age: _____

Payment:

_____ One year paid in full _____ 6 months paid in full. _____ Payroll deduction

For Payment In Full:

I am committing to a **SIX-MONTH MEMBERSHIP**, and I understand that a cancellation before the completion of six months will result in a \$60.00 charge.

Authorized Signature

Date

I am committing to a **ONE-YEAR MEMBERSHIP**, and I understand that a cancellation before the completion of one year will result in a \$60.00 charge.

Authorized Signature

Date

PLEASE READ CAREFULLY:

I consider myself and/or my dependant(s) adequately trained and knowledgeable to participate in the activities and programs offered here at the Triangle SportsPlex and agree that my dependent(s) and I assume all risks attendant with participating in any and all of the activities offered at the Triangle SportsPlex. Furthermore, I hereby, on my own behalf and on the behalf of any of my dependents, release and discharge the Triangle SportsPlex, its employees, and agents for any personal injury or property claim for damages which I or any of my dependents might otherwise have against the Triangle SportsPlex, its employees, and agents for any and all injuries or losses sustained while participating in any of the activities or programs offered at the Triangle SportsPlex.

I further agree that the Triangle SportsPlex shall not be responsible for any theft or loss of property while on the premises, including the parking lot. I further understand that the Triangle SportsPlex has the right to set the times and days that the facility will be open and the right to set the times and days that the pool and skating rink shall be open to the public.

I understand that one must be 16 years or older before entering and using the weight room and one must be 13 years of age or older to enter the pool without parental supervision. The Triangle SportsPlex discourages any parents or guardian from dropping off children under the age of 13, and does not assume responsibility for them.

Authorized Signature

Date

LIVE FOR LIFE Staff Use Only
1) Start date _____ 2) \$49 paid YES NO 3) Draft Amount \$ _____

Each Adult member **MUST** complete a copy of this page.

Triangle SportsPlex

Health form

Name: _____ Date: _____
Male or Female _____ Age _____

Orientations for New Members are held on -
Thursdays from 9-10am, Thursdays 6-7pm and Saturdays from 9-10am.
Please circle which orientation session you will be attending.
____ I don't wish to have an orientation at this time.

Has your Doctor ever said you have heart trouble?		
Do you often feel faint or have dizzy spells?		
Do you have any chronic illness or condition that may affect your exercise?		
Has your Doctor ever said your blood pressure or cholesterol was too high?		
Have you had any recent surgery in the last 12 months?		
Are you or have you been pregnant in the last 3 months?		
Do you have a history of breathing or lung problems?		
Has your Doctor ever told you that you have a bone or joint problem?		
Do you have Diabetes or a thyroid condition? If yes, how are you controlling it?		
Do you smoke? If yes, how often?		
Are you over the age of 60 and not accustomed to vigorous exercise?		
Do you have a history of heart problems in your immediate family?	Yes	No
Is there a good physical reason not mentioned here why you should use caution when participating in an exercise program?		
Does your Doctor know that you are starting an exercise program?		

If you have any health issues, please give us more details.

If you have not recently done so, consult with your physician by telephone or in person **BEFORE** increasing your physical activity. Tell your physician what your health concerns are.

- After medical evaluation, seek advice from your Doctor as to your suitability for:**
- Unrestricted physical activity, starting off easily and progressing gradually.
 - Restricted or supervised activity to meet your specific needs, at least on an initial basis.

We may require a Doctors consent form to be on file before you begin an exercise program at the Triangle SportsPlex.

	6 months PIF	12 months PIF	Monthly Deductions
GOLD CARD			
Single	\$329.00	\$574.00	\$59.50
Spouse	\$388.50	\$696.50	\$66.50
Senior Single	\$224.00	\$395.00	\$42.00
Senior Spouse	\$287.00	\$504.00	\$52.50
Family	\$434.00	\$770.00	\$73.50
SILVER CARD			
Single	\$227.50	\$399.00	\$45.50
Spouse	\$308.00	\$490.00	\$52.50
Senior Single	\$150.50	\$262.50	\$31.50
Senior Spouse	\$224.00	\$336.00	\$38.50
Family	\$336.00	\$637.00	\$59.50
WEEKDAY WORKOUT CARD			
Single	\$171.50	\$297.50	\$31.50
Spouse	\$252.00	\$378.00	\$38.50
Senior	\$126.00	\$227.50	\$28.00
Senior Spouse	\$192.50	\$280.00	\$31.50
Family	\$280.00	\$525.00	\$49.00

MEMBERSHIP FEES:

\$49.00 initiation fee must be added for each membership (except 12 months paid in full)