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|----------------------|
| PERFORM No.: _____   |
| Le Centre            |
| Membership No: _____ |

**PERFORM Centre**

**PARTICIPANT INFORMATION** **DATE:** \_\_\_\_\_

|                               |  |                     |              |
|-------------------------------|--|---------------------|--------------|
| Last Name                     |  |                     |              |
| First Name                    |  | Gender<br>F / M     |              |
| Birth Date<br>(dd/mm/year)    |  | Age                 |              |
|                               |  | Weight              | (kg) (lb)    |
| Language of Correspondence:   |  | Height              | (cm) (ft-in) |
| How did you hear about us?    |  |                     |              |
| Street Address                |  | City                |              |
| Postal Code                   |  | Province            |              |
| Phone (home)                  |  | (work)              |              |
| email                         |  | (cell)              |              |
| <b>Emergency Contact</b>      |  | <b>Relationship</b> |              |
| <b>Emergency Phone Number</b> |  | (cell)              |              |

**PURPOSE OF REGISTRATION:**

**Research:**  
 Study Name: \_\_\_\_\_

**Le Centre**     Student     ConU staff/faculty/alumni     Stinger Athlete     Public

**Multi-Week Program** Type: \_\_\_\_\_

**TO BE COMPLETED BY PERFORM STAFF**

|   |
|---|
| Client has:   |
| <input type="checkbox"/> Completed PAR-Q+ (signed and dated)              |
| <input type="checkbox"/> Completed ePARmed-X+ (as required)               |
| <input type="checkbox"/> Been given "Clearance for Exercise Form"         |
| <input type="checkbox"/> Returned completed "Clearance for Exercise Form" |

**PLEASE COMPLETE REVERSE SIDE**

## Understanding PERFORM

Welcome to PERFORM, a facility with a unique approach to promoting health which combines **research, education, and community engagement.**

Understanding the following will maximize your experience at PERFORM:

- You must show your membership card as well as a valid photo ID every time you access PERFORM. **Due to PERFORM's unique security requirements as a clinical research centre, there can be NO exceptions to this rule;**
- Research, student training and community programming activities will be taking place on the conditioning and rehabilitation floor. These activities include athletic therapy as well as various types of rehabilitation and general health programs;
- Please note, at times, equipment and space on the conditioning and rehabilitation floor will be reserved for these activities. Steps will be taken to ensure that you are given advanced notice when equipment will not be available for use;
- Program participants will be comprised of a diverse population who may be experiencing challenging health situations. As a member of Le Centre, we ask that you aware of the delicate nature of some of our participants and respect their needs (please refer to the PERFORM Centre's code of conduct).

*I agree to follow the facilities' instructional guidelines and to share the use of program space and equipment in cooperation with other participants. I further agree to abide by all University policies and Codes regardless of whether or not I am a member of the University community. I agree and accept that if I fail to abide by said University Policies and Codes as well as all applicable laws and regulations, my registration/participation in this program may be immediately cancelled and/or revoked and my access to the premises, including future membership and access, may be denied.*

The PERFORM Centre's unique environment gives you the chance to benefit from the latest in health and physical activity. If you are interested in participating in research projects and/or other community programs, we would like to request your authorization to consult your participant record at PERFORM to determine your eligibility to participate. Of course, in the event that you are contacted, you will be free to refuse participation without justification, and your refusal will not have any effect on the care/service you receive or your relationship with employees and staff at PERFORM.

**Yes, I authorize consultation of my participant record at PERFORM by research and/or community program personnel for recruiting purposes.**

**No, I do not authorize consultation of my participant record at PERFORM by research and/or community program personnel for recruiting purposes.**

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Please print name \_\_\_\_\_ Signature \_\_\_\_\_ Date (dd/mm/yyyy) \_\_\_\_\_