

RIEKES CENTER ATHLETIC APPLICATION

3455 Edison Way Menlo Park, CA 94025 main: 650.364.2509 fax: 650.261.6006

Student Name: _____ **Date:** _____

Admission Information: *(please check the appropriate box)*

1. Student Status:			
<input type="checkbox"/> New Student			
<input type="checkbox"/> Returning Student:	Date last active: _____	Program: _____	
<input type="checkbox"/> Transfer from another program:		Program: _____	
2. Which program are you interested in?			
Acceleration:	Core:	Adult:	Other:
<input type="checkbox"/> RISE UP	<input type="checkbox"/> Core	<input type="checkbox"/> Smart	<input type="checkbox"/> OTRA
<input type="checkbox"/> Pinnacle	<input type="checkbox"/> Customized	<input type="checkbox"/> Personal Training	<input type="checkbox"/> Synergy
	<input type="checkbox"/> Elements		
3. Are you applying for Financial Aid? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If so, please fill out the appropriate forms and schedule a Financial Aid appointment.			

Has any of your information changed? If so please fill in any changes below:

Student Information:

School: _____	Birth Date: ____/____/____
Student Email: _____	
Student Cell Phone: (____)____-_____	Grade: _____

Family Information:

Parent/Guardian: _____	Home Phone: (____)____-_____	
Parent/Guardian: _____	Cell Phone: (____)____-_____	
Address: _____	Work Phone: (____)____-_____	
City: _____	Zip: _____	Emergency Contact: _____
Primary Email: _____	Emergency Phone: (____)____-_____	
Immediate Family Currently or Previously Attending: _____		

Goals and Interests:

1. What goals would you like to accomplish at the Center? (Be as specific as possible.)

2. Students join our fitness and athletic programs for two reasons: 1) **FUNCTIONAL** to improve their athletic ability for a particular sport or activity or 2) **VISUAL** to change their appearance. Visual goals range from gaining or losing weight, to increasing muscularity or decreasing body fat.

Below, please indicate the **relative importance** of each area to you. This is a totally individual assessment and can be changed as your goals are changed or met.

(Wondering how you answer this question? Here are some examples: A basketball player who is really interested in working on her strength and speed, but also wants to lose weight might fill in 60% functional and 40% visual. Another basketball player who just wants to improve her speed might be 100% functional. A recreational mountain climber who wants to get stronger and lose weight might put down 30% functional and 70% visual.)

Functional _____% **Visual** _____%

FUNCTIONAL INTEREST: (If you are not particularly interested in improving sport specific or functional ability, you can leave the following questions blank or fill in N/A for “not applicable”.)

1. What sport or activity are you training for? _____
2. What position or event? _____
3. What team are you affiliated with? _____
4. Who is your coach? (List name and phone number) _____
5. When is your sport or activity’s season? _____
6. What are your goals in this sport or activity? _____

7. Rank the sport or activity specific areas you would like to improve. (Rank 1-9 using #1 as the highest. Feel free to leave an item blank.)

___strength	_____strength endurance
___speed	_____agility
___explosive power	_____quickness
___flexibility	_____other _____
___endurance	

Visual Interest: (If you are not particularly interested in improving visual appearance, you can leave the following questions blank or fill in N/A for “not applicable”.)

1. Please complete: From a visual appearance standpoint, I will be satisfied when I...____

2. Rank the visual aspects you would like to improve. (Rank 1-3 using #1 as the highest. Feel free to leave an item blank.)

___gain weight *or* ___lose weight

___lower percentage of body fat

___increase muscularity

3. Rank the visual areas you would like to target: (Rank 1-8 using #1 as the highest. Feel free to leave an item blank.)

Females (fill these out)

___Shoulders

___Back

___Arms

___Abs

___Obliques

___Thighs

___Hips

___Calves

___Glutes

___Other _____

Males (fill these out)

___Neck

___Shoulders

___Lats

___Traps

___Chest

___Arms

___Forearms

___Abs

___Obliques

___Quads

___Calves

___Other

Athletic Fitness Health Form

Please read each question carefully and answer every question honestly.

Please circle:

- Yes No (1) Has a physician ever said you have a heart condition and you should only do physical activity recommended by a physician?
- Yes No (2) When you do physical activity, do you feel pain in your chest?
- Yes No (3) When you were NOT doing physical activity, have you had chest pain in the past month?
- Yes No (4) Do you ever lose consciousness or do you lose balance because of dizziness?
- Yes No (5) Do you have a joint or bone problem that may be made worse by a change in your physical activity?
- Yes No (6) Is a physician currently prescribing medications for your blood pressure or heart condition?
- Yes No (7) Are you pregnant?
- Yes No (8) Do you have insulin dependent diabetes?
- Yes No (9) Are you 69 years of age or older and not used to being very active?
- Yes No (10) Do you know of any other reason you should not exercise or increase your physical activity?

If you answered "yes" to any of the above questions, we need to have you talk with your doctor **BEFORE** you become more physically active. Please tell your doctor the reasons why you'd like to exercise and which questions you answered "yes" to on this form. In order to best protect your health and safety, the **Riekes Center requires written permission and any restrictions for exercise** from your physician before you begin an exercise program. Your doctor can contact us with any questions.

If you honestly answered no to all questions you can reasonably be positive that you can safely increase your level of physical activity gradually.

Participant signature:

Date:

PLEASE READ AND SIGN THIS DOCUMENT

PLEASE PRINT

NAME OF STUDENT _____

PROGRAM	CONTRACT**	PROGRAM FEE	BILLING CYCLE	EVAL DATE
_____	_____	_____	Monthly*/ By Session/ Once	_____
_____	_____	_____	Monthly*/ By Session/ Once	_____
_____	_____	_____	Monthly* /By Session/ Once	_____
Admin Fee	_____	_____	Billed Once	_____

*For Programs with Month to Month Billing -
If you wish to discontinue this plan, you must notify the Center in writing by the 25th of the month preceding the month of discontinuation (e.g. to discontinue as of July 1, you must notify the Riekes Center by June 25) in order to not be charged for the following month.

**For Programs with Contracts (3 or 6 Months) –
If you wish to discontinue your contract prior to the agreed date, there will be a one month penalty fee of your specified program.

Please Circle Payment Method:

Credit Card Same Credit Card on File Check Cash

Credit Card Information

CREDIT CARD NUMBER _____ - _____ - _____ - _____

Expiration Date: _____ / _____ CVC (3 digit number on back of card): _____
Month Year

Cardholder's Name: _____
Please Print

Billing Address:

Street (1)

Street (2)

City State Zip

Telephone: (____) _____
 Home Work Cell

Alt. Telephone: (____) _____
 Home Work Cell

E-mail: _____

Signature: _____

Reviewed By: _____

PROGRAM PRICING 2012



WHERE GOALS AND DREAMS BECOME REALITY

ATHLETIC FITNESS

<u>PROGRAMS</u>	<u>COST</u>	<u>SCHEDULE</u>	<u>AGE</u>
RISE-UP	\$650/ 6 weeks	3 days per week	9 & up
Pinnacle	\$450/ month	unlimited	14 & up
Elements	\$200/ month	2 days per week	9 – 12
SMART	\$100 /month	unlimited	18 & up
Personal Training	\$80/ session	unlimited	18 & up
CORE	\$200/ month	3 days per week	13-18
Customized	\$80/ session	unlimited	all ages
OTRA	\$20/ week or \$80/ month	unlimited	18 & up
BodPod Tests	\$50/ test	appts. Mon – Sat	all ages

CREATIVE ARTS

<u>PROGRAMS</u>	<u>COST</u>	<u>SCHEDULE</u>	<u>AGE</u>
Music Lessons			
Private Lessons	\$215/ month	once per week	5 & up
Band Class	\$90/ month	once per week	13 & up
Video			
Private Lessons	\$280/ month	once per week	all ages
Film Class	\$150/ month	once per week	all ages

Sport Highlight Reels and Video Production Services available! Call (650) 364-2509 for details.

Hip Hop & Spoken Word

Private Lessons	\$65/ hour	appts. Mon – Sat	all ages
Recording Sessions	\$65/ hour	appts. Mon – Sat	all ages

Photography – B&W and Digital

Private Lessons	\$65/ hour	appts. Mon – Sat	10 & up
Darkroom Rental	\$10/ hour	appts. Mon - Sat	13 & up

Art

Private Lessons	\$280/ month	once per week	all ages
Art Class	\$125/ month	1.5 hours per week	ages 8-18

NATURE AWARENESS

Pricing and programs for summer camps, expeditions, and adventure sports vary. Please contact the Nature Awareness Department at (650) 364-3405 or by clicking the Nature Awareness tab at www.riekes.org.