

Arts, Dance, Martial Arts, Sports, Tennis, Aquatics

Instructional & Adaptive Programs

PRIVATE INSTRUCTION ENROLLMENT FORM

To enroll, please complete this form and return it with FULL payment to UC Regents in person or by mail. Once payment is processed, you should expect contact from a coordinator within 3 business days and it may take up to 10 business days to schedule your first lesson. **Submit one application per participant. Semi-private participants must submit individual applications.**

Cancellation Policy: You must provide the instructor with 24 hours notice when canceling a session in order to not be charged for that lesson. You must receive a confirmation call from the instructor.

UCLA Recreation, 2131 John Wooden Center, Box 951612, Los Angeles, CA 90095-1612
(310) 825-3701

PARTICIPANT INFORMATION - If under 18 please include Parent/Guardian's address.

First Name: _____ MI: ____ Last Name: _____ Student ID/RecCard# _____

*If participant is under 18, please provide Parent/Guardian name below.

*First Name: _____ *MI: ____ *Last Name: _____ *Student ID/RecCard# _____

☐ Male ☐ Female Birth Date: ____ / ____ / ____ Age: _____ Email: _____

Home Phone: () - Work Phone: () - Cell Phone: () -

Address: _____ City _____ State _____ Zip Code _____

Affiliation: Student
\$39 / \$29**

Undergrad ☐ ☐

Grad ☐ ☐

Rec Member
\$49 / \$39**

Faculty / Staff ☐ ☐

Alumni ☐ ☐

Other Affiliate ☐ ☐

Affiliates
\$59 / \$49**

Alumni Assoc. ☐ ☐

Other ☐ ☐

Please specify: _____

**Semi-Private cost per participant (2 max) - 2nd participant Name: _____ *Student ID/RecCard# _____

CLASS INFORMATION - For a full list of private instruction activities go to www.recreation.ucla.edu/privateinstruction

Activity Name	Rate/Hr Circle One	No. of Hours	Total Paid
	29 / 39 / 49 / 59		
	29 / 39 / 49 / 59		

PAYMENT METHOD

☐ Cash ☐ Check# (make payable to UC Regents) _____

☐ VISA ☐ MASTERCARD ☐ AMEX ☐ DISCOVER ☐ OTHER: _____

_____ - _____ - _____ - _____ expires ____ / ____ / ____

CARDHOLDER SIGNATURE _____

I agree to pay the above total amount according to the card issuer agreement.

OFFICE USE

Date: _____

Receipt #: _____

Initial: _____

Availability

TIME	MON	TUE	WED	THURS	FRI	SAT	SUN
6:00am-9:00am							
9:00am-11:00am							
11:00am-2:00pm							
2:00pm-5:00pm							
5:00pm-9:00pm							

Please indicate with a X the time you would prefer to have your private instruction

* All scheduling is dependent on the availability of facility space and instructors

Do you have a preferred instructor? (circle one)

NO YES

If yes, what is their name:

GOALS Briefly describe what your goals are for your private instruction:

SPECIAL REQUIREMENTS/CONSIDERATIONS

Do you have any special requirements/considerations for your private instruction? NO YES If yes please describe below;

FREQUENTLY ASKED QUESTIONS

- What do I do once I have completed this packet and paid?**

Depending on the activity, you will be contacted by the respective coordinator;

Arts, Dance, Martial Arts, Sports, Tennis
Paul McCarthy, pmccarthy@recreation.ucla.edu, 310 206 5612

Adaptive Programs & Aquatics
Michelle Wong, mwong@recreation.ucla.edu, 310 983 3330

When can I start my private instruction?

Scheduling your first session may take up to 10 business days.

Will the instructor call me or should I call them?

UCLA Recreation will contact you via phone or email to schedule your first session.

When will my private instruction expire?

All private instruction expires one year from the date of purchase.
- Where are the lessons located?**

Your session location is dependent on the nature of the activity. You will confirm the location with your instructor.

How do I add more sessions to my private instruction? Do I have to complete another packet?

You will only have to complete the front page of this packet available here: www.recreation.ucla.edu/privateinstruction

How does Semi-Private Instruction work?

- See the front page for Semi-Private Rates (per person per hour)

- 2 people max. per hour per instructor

- Both people must submit the application form and payment

- What if one person misses one?

It counts towards your total hours even if only one person attend.

No makeups unless both people cancel with instructor within 24 hours.

PAR-Q & YOU

(A Questionnaire for People Aged 15 to 69)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO.

YES NO

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Has your doctor ever said that you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Do you feel pain in your chest when you do physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. In the past month, have you had chest pain when you were not doing physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Do you lose your balance because of dizziness or do you ever lose consciousness? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Do you know of <u>any other reason</u> why you should not do physical activity? |

If

you

answered

YES to one or more questions

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

- You may be able to do any activity you want — as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

NO to all questions

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- start becoming much more physically active — begin slowly and build up gradually. This is the safest and easiest way to go.
- take part in a fitness appraisal — this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

DELAY BECOMING MUCH MORE ACTIVE:

- if you are not feeling well because of a temporary illness such as a cold or a fever — wait until you feel better; or
- if you are or may be pregnant — talk to your doctor before you start becoming more active.

PLEASE NOTE: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

Informed Use of the PAR-Q: The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

No changes permitted. You are encouraged to photocopy the PAR-Q but only if you use the entire form.

NOTE: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

"I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction."

NAME _____

SIGNATURE _____

DATE _____

SIGNATURE OF PARENT _____

WITNESS _____

or GUARDIAN (for participants under the age of majority)

Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.



© Canadian Society for Exercise Physiology

Supported by:



Health Canada
Santé Canada

Participant's Name (Please Print) _____

UNIVERSITY OF CALIFORNIA, LOS ANGELES
UCLA RECREATION

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In consideration of permission to use, today and on all future dates, the property, facilities, staff, equipment and services of UCLA Recreation, **I**, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue The Regents of the University of California, its directors, officers, employees, and agents from liability **from any and all claims including the negligence of UCLA Recreation** resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in activities, classes, observation, and use of facilities, premises, or equipment.

Signature of Parent/Guardian of Minor Participant Date

Signature of Participant Date

Assumption of Risks: Physical activity, by its very nature, carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. UCLA Recreation has facilities for and provides for activities such as weightlifting, running, aerobic activities, classes and sporting activities. Some of these involve strenuous exertions of strength using various muscle groups, some involve quick movements involving speed and change of direction, and others involve sustained physical activity which places stress on the cardiovascular system.

The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in the activities made possible by UCLA Recreation. I hereby **assert that my participation is voluntary and that I knowingly assume all such risks.**

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD The Regents of the University of California HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement at UCLA Recreation and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

Signature of Parent/Guardian of Minor Participant Date
Participant's Age (if Minor) _____

Signature of Participant Date