SIU ACCESS INCLUSIVE RECREATION (AIR) REQUEST FORM

If you are interested in one or more our training programs or services, please complete this request form. Once completed, turn in to Member Services.

TODAY’S DATE: _________________________

FIRST AND LAST NAME: ________________________________________________________________

CURRENT ADDRESS: ___________________________________ CITY: ________________________________ STATE: _____ ZIP CODE: ________

PHONE NUMBER: __________________________ EMAIL ADDRESS: _____________________________ CURRENT AGE: ________

INTEREST: □ PERSONAL TRAINING □ GROUP FITNESS □ OUTDOOR EVENTS □ OTHER PROGRAM: __________

 I would like more information about all programs that are offered at the Student Recreation Center.

STATUS: □ STUDENT □ FACULTY □ STAFF □ STUDENT RECREATION MEMBER □ NON-MEMBER

EXPERIENCE AT REC CENTER: □ NEW □ RETURNING □ PREVIOUS TRAINER AT REC?: ____________________

*UPON RECEIVING THIS REQUEST FORM, BARBARA TYLER, THE PROGRAM ASSISTANT FOR THE AIR PROGRAM WILL CONTACT YOU WITHIN 2 BUSINESS DAYS TO SCHEDULE YOUR FIRST INITIAL ASSESSMENT. DURING THIS ASSESSMENT YOU WILL BE ASKED TO PROVIDE A LIST OF ANY MEDICATIONS OR DOCTORS NOTE(S) IF APPLICABLE. THIS FIRST ASSESSMENT WILL NOT INCLUDE PHYSICAL ACTIVITY.