



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?: _____

For Office Use Only:

Staff Initials: _____ Date: _____

Time: _____

Assigned To: _____

Date: _____

***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.**