Bay Path College

Enrollment Forms

Continuing Education
&
Graduate Admissions

Welcome to Bay Path! This packet includes important registration forms necessary for enrollment.

Please fill out the enclosed forms completely and bring completed packet to orientation. You may also return to your Admissions Counselor in the Office of Continuing Education & Graduate Admissions.

Office of Continuing Education & Graduate Admissions
588 Longmeadow Street
Longmeadow, MA 01106

Ph: (413) 565 - 1273
Fax: (413) 565 – 1250
www.baypath.edu

Rev. 4/29/09

Confirmation of Attendance & Forms Checklist

This is to confirm that _____

Print name

Attended a new student orientation on _____

Date

_____

Signature

The following forms are included in this packet and required for enrollment:

Hatch Library Registration Form……. _____

Registrar's Office Ethnicity Form…… _____

News Release Data Form……. _____

Fitness Center Access Card……. _____

If you plan to use the Fitness Center also include:

Fitness Center Agreement……... _____

Health Questionnaire…..……... _____

Bay Path College

Hatch Library

USER REGISTRATION FORM

(Please Print Clearly)

Date: _____

Title: ☐ Ms. ☐ Mrs. ☐ Mr. ☐ Dr. ☐ Other (specify)

Name: _____
Last First Middle Initial

Campus Address: _____
Box Number Telephone Number

_____
E-mail Address

Home Address: _____
Street Telephone Number

_____
City State Zip Code

_____
E-mail Address

User Type: ☐ BPC Student: ___ Traditional ___ One-day ___Graduate

☐ BPC Faculty ☐BPC Staff

BPC ID #: _____

****

Non-BPC User Type: ☐ CLGS Student ☐ CLGS Faculty ☐ BPC Alumna/us

ID #: _____

Bay Path College

RELEASE OF INFORMATION

Please complete the following form and return to the Registrar's Office. This information will be used by the Registrar's Office to verify current information and to update any missing information.

LAST NAME: _____ **FIRST NAME:** _____

STUDENT ID: _____

HOME ADDRESS (STREET/CITY/STATE/ZIP):

_____

PREFERRED PHONE #: _____

For use by the National Student Loan Clearinghouse:

The National Student Loan Clearinghouse has a reporting service for college and universities for making reports to other schools and organizations on enrollment data of former students and applicants.

A student has the right under Family Educational Rights and Privacy Act (FERPA) to block the release to third parties of the student's name and dates of attendance.

Please choose one:

_____ **I give permission** to release my directory information and/or dates of attendance.

_____ **I do not give permission** to release my directory information and/or dates of attendance. (Not giving permission will prevent Bay Path College from releasing ALL information, including degree verification when seeking employment.)

I consider myself to be: **PLEASE CHOOSE ONE (OPTIONAL)**

_____ **NON-RESIDENT ALIEN:** A person who is not a citizen of the U.S. and who is in this country on a visa or temporary basis & does not have the right to remain indefinitely.

_____ **BLACK, NON-HISPANIC:** A person having origins in any of the black racial groups of America.

_____ **AMERICAN INDIAN OR ALASKAN NATIVE:** A person having origins in any of the original peoples of North America or who maintains cultural identification through tribal affiliation or community recognition.

_____ **HISPANIC:** A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish Culture or origin, regardless of race.

_____ **WHITE, NON-HISPANIC:** A person having origins in any of the original peoples of Europe, North Africa or the Middles East.

_____ **ASIAN OR PACIFIC ISLANDER:** A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or Pacific Islands. This includes people from China, Japan, Korea, the Philippine Islands, Samoa, India and Vietnam.

BAY PATH COLLEGE STUDENT NEWS RELEASE DATA 2009-2010

NAME: _____
last name | first name (no nicknames) | middle name or initial

HOME ADDRESS: _____
street & number | city, state, zip code

HOME TELEPHONE: _____ ON-CAMPUS PHONE NUMBER: _____
WORK PHONE NUMBER: _____

PROGRAM OF STUDY/MAJOR: _____ _____ ***Check all applicable:*** ☐ Freshman ☐ Sophomore
☐ Junior ☐ Senior ☐ Continuing Education Student ☐ One-Day Student ☐ Graduate Student ☐ Full Time ☐ Part Time

OPTIONAL:
STUDENT ID (Social Security) NUMBER: _____ DATE OF BIRTH _____

PHOTO/VIDEO RELEASE: I hereby grant permission to Bay Path College to use my photos and video images taken by the institution or its agents for college publicity, advertising, promotional publications purposes and on the Bay Path web site. Your

Signature: _____ Date: _____

The Department of Communications prepares news releases about your campus activities and academic achievements for your hometown newspapers. This is an important way for us to share the good news of your accomplishments with family and friends in your community, and it also brings the name of Bay Path College to others in your area. If you are willing to have releases sent, please complete this card. If not, simply fill out the information above the dotted line (for our records only) and check here ____NO RELEASES.

Name of **DAILY** newspaper covering your hometown: _____

Address of daily paper: _____

Daily Newspaper E-mail address: _____

Name of **WEEKLY** paper: _____

Address of weekly paper: _____

Weekly Newspaper E-mail address: _____

What is the name of the
high school you attended: _____ Year graduated: _____
high school name | city, state

If a transfer student, what college did you attend: _____ _____ _____
college name | dates attended | degree/major

Please furnish the following information so that we may correctly identify you and your family in any news release submitted to the newspapers you have listed.

CHECK (IF APPLICABLE): Father deceased ☐ Mother deceased ☐ Parents separated ☐ Parents divorced ☐

YOU live with: Both parents ☐ Mother ☐ Father ☐ Other ☐ *Please give relationship:* _____

GIVE FULL NAME (no nicknames) of PARENTS, PARENT, or GUARDIAN with whom you live:

_____ _____
Father/Guardian | Mother/Guardian

If your parents are separated, divorced, widowed, or remarried, please indicate how you would like to be identified in a news release (please do not list parents at same address if divorced or separated - SEE NOTE BELOW).

...daughter of _____ _____
name(s) | name(s)

_____ _____
address | address

OVER…

ATTENTION CONTINUING EDUCATION & GRADUATE STUDENTS:

If you wish to have your parent/s, spouse or children mentioned in your news releases, please provide FULL NAMES and THEIR ADDRESS IF DIFFERENT FROM YOURS:

_____

NOTE: You may list parents at two different addresses, such as: Jane Doe, daughter of Joan Doe of Middle Street, Middleville, and John Doe of Plain Street, Plainville. Or, you may list a parent and step-parent as well as a biological parent, such as: Jane Doe, daughter of Joan and Joseph Jones (mother has remarried) of Middle Street, Middleville, and John Doe of Plain Street, Plainville. If a parent is deceased, you may wish to be identified in this manner: Jane Doe, daughter of John Doe of Plain Street, Plainville, and the late Joan Doe. If a widowed parent has remarried, you may wish to be identified: Jane Doe, daughter of Joan Jones (orJoan and Joseph Jones) of Middle Street, Middleville, and the late John Doe. If you have any questions, please contact the Department of Communications, Third Floor, Deepwood Hall.

BAY PATH COLLEGE FITNESS CENTER ACCESS CARD

This card must be filled out completely and returned to use to the Fitness Center.
It needs to filled out only once, It is kept on file for your entire stay at the College.

A physician signature is required on this card

NAME: _____ **Member Since:** _____

ADDRESS: _____ **CITY / STATE / ZIP:** _____

Phone: _____ **Email:** _____

IMPORTANT

The Bay Path College Healthy Questionnaire *and* Agreement & Release of Liability must accompany this form!

Electronic copies of the Fitness Center Forms can be found on the Wildcat Line under Student Life

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Membership Type:

STUDENT _____ **STAFF** _____ **FACULTY** _____ **ALUM** _____

GUEST _____ **CLASS OF** _____ **LOCKER #:** _____

Physician Permission

_____ **has medical clearance to participate in the physical fitness programs, this includes the use of fitness machines and equipment.**

Physician Signature: _____ **Date:** _____

Emergency Contact: _____

Emergency Telephone #: _____

Health Notes: _____

[ ] **I do not intend on using the Fitness Center at this time. However, I can change my mind at any time by returning this form with a physician's signature to the Fitness Center.**

initials

Bay Path College
Healthy Questionnaire

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 test 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	
___	___	**1.** Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
___	___	**2.** Do you feel pain in your chest when you do physical activity?
___	___	**3.** In the past month, have you had chest pain when you were not doing physical activity?
___	___	**4.** Do you lose your balance because of dizziness or do you ever lose consciousness?
___	___	**5.** Do you have a bone or joint problem that could be made worse by a change in your physical activity?
___	___	**6.** Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
___	___	**7.** Do you know of any other reason 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 test and the 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 these 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 the 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.

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 any of yours become YES to any of the above questions tell your fitness or health professional. Ask whether you should change your physical activity plan.

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

Signature_____ **Date** _____

FITNESS PROGRAMS at BAY PATH COLLEGE
AGREEMENT AND RELEASE OF LIABILITY

This information will be kept in the Office of the Director of Athletics, it is intended to provide current information on all individuals using the Fitness & Wellness Center. You will still need a Medical Permission Card (Signed by a Physician) on file in the Fitness & Wellness Center.

1. In consideration of being allowed to utilize the facilities, equipment, and machinery in the Fitness Center at Bay Path College, I do hereby waive, release, and forever discharge Bay Path College and their officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability from injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above mentioned activities. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my use of any equipment at Bay Path College.
Please initial _____

2. I understand and am aware that strength, flexibility, and aerobic exercise, including the use of equipment, is a potentially a hazardous activity. I also understand that fitness activities involve a risk of injury and even death, and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.
Please initial _____

3. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation or use of equipment except as hereinafter stated. I do hereby acknowledge that I am aware of the need for a physician's approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I also acknowledge that I am aware that I should have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise, and use of exercise equipment so that I might have his/her recommendations concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and have been give my physician's permission to participate, or that I have decided to participate in activity and use of equipment at Bay Path College without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment in my activities.

Name _____ **Height**_____ **Weight**_____ **Age**_____

_____ _____
Date **Signature**