



Louisiana Tech University
College of Education
Department of Kinesiology

Enclosed you will find everything you need so that we can get you registered for the next quarter.

1. **Admission Form** - \$20 fee (one-time only). If you miss 2 consecutive quarters you will have to reapply and pay this fee again. Please make this **check payable to Louisiana Tech Admissions**.
2. **Registration Form and Fee - \$54 payable to Louisiana Tech**. Please indicate on the form which class you would like to attend.
3. **Wellness Form** – This must be signed by your physician, and is good for one year. You may bring this the day class starts.
4. **Vehicle Registration Form –fee depends on quarter you begin classes and is payable to Louisiana Tech –(\$20 Fall Quarter, \$15 Winter Quarter, \$10 Spring Quarter, or \$5 Summer Quarter)** This will be good from August to August. This is available at Campus Police located in South Hall. If you would like for me to get this for you, you will need to include a copy of your driver's license and car registration. If you have a handicap tag, please include a copy of it also.
5. **Tech I.D.** – When the quarter begins you may go to the Tech Express Office which is located at the end of the Student Center building. You will need this I.D. if you are attending the chair exercise classes in Lambright Intramural Center. This I.D. also enables every student access to the Intramural Center and Natatorium during hours other than class time, and enables you to attend basketball and football games as a student at no extra charge.

Please mail the admission form & fee, registration form & fee (and vehicle registration form, copies and fee) to my attention and I will take care of getting you registered. If you have any questions please do not hesitate to contact me at 257-5457 or 243-0985.

Rhonda Boyd, M.Ed.
Adult Fitness Program Director

Mailing Address:
Rhonda Boyd
Department of Kinesiology
Louisiana Tech University
P.O. Box 3176
Ruston, LA 71272

Class Descriptions:

Water Aerobics: These classes utilize kick boards, foam hand weights, noodles, aqua-gloves, and water walking to develop and improve flexibility, muscular strength and endurance, and cardiovascular components.

Chair Aerobics: These classes include exercises utilizing small hand weights and Theraband resistance bands while sitting and standing by a chair. The use of foam stability steppers is an added feature used to improve balance. Individual strength training programs can be developed including the use of Nautilus equipment, recumbent bikes, elliptical machines, treadmills, etc. Also, provides an indoor walking facility.

After Five Fitness: Key elements of this class include circuit training, strength building, toning, and power-walking designed especially for those 55+. This class is taught as a group activity but will also include individualized components.

Dance for Exercise: Beverly Maggio, our dance instructor teaches this exciting class. No partner necessary. A fun way to exercise using a variety of dance moves including Swing, Jitterbug/Lindy Hop, Foxtrot and Two-Step.

Water Aerobics

7:00 – 8:00 AM Smiley Reeves, Instructor

8:00 – 9:00 AM Smiley Reeves, Instructor

Chair Aerobics

7:00 – 8:00 AM (Memorial Gym) Rhonda Boyd, Instructor

8:00 – 9:00 AM (Lambright Intramural Center) Jana Beck, Instructor

9:00 – 10:00 AM (Lambright Intramural Center) Jana Beck, Instructor

After Five Fitness

5:00 P.M. - 6:30 P.M. Monday/Tuesday/Thursday

Memorial Gym – Rhonda Boyd , Instructor

Dance

5:00 P.M. – 6:30 P.M. Tuesday/Thursday Memorial Gym 105 (Dance Studio)

Fall 2010 Quarter

September 8 – November 18

Winter 2011 Quarter

December 1 – February 24

Spring 2011 Quarter

March 2 – May 18

Summer 2011 Quarter

June 3 – August 12

Name _____

Please circle Quarter you are applying for:

Fall Winter Spring Summer

FALL/WINTER/SPRING:

WATER EXERCISE

_____ 7:00 A.M. – 8:00 A.M. MWF – Natatorium

_____ 8:00 A.M. – 9:00 A.M. MWF – Natatorium

CHAIR EXERCISE

_____ 7:00 A.M. – 8:00 A.M. MWF – Memorial Gym

_____ 8:00 A.M. – 9:00 A.M. MWF – Lambright Intramural Center

_____ 9:00 A.M. – 10:00 A.M. MWF – Lambright Intramural Center

FITNESS AFTER FIVE : AFTER HOURS WORK OUT

_____ 5:00 P.M. Tuesday/Thursday Memorial Gym

DANCE FOR EXERCISE

_____ 5:00 P.M. Tuesday/Thursday Memorial Gym 105 (Dance Studio)

SUMMER:

WATER EXERCISE

_____ 7:00 A.M. – 8:00 A.M. MWF – Natatorium

_____ 8:00 A.M. – 9:00 A.M. MWF - Natatorium

CHAIR EXERCISE

_____ 8:00 A.M. – 9:00 A.M. MWF – Thomas Assembly Center



LOUISIANA TECH UNIVERSITY
A member of the University of Louisiana System

**By completing this application, full time, main campus students are automatically considered for scholarships.*

RETURN TO: Admissions Office • P.O. Box 3178 • Ruston LA • 71272-0001

Non-refundable Application Fee: Payable by _____check _____money order

U.S. Citizen \$20.00

International \$30.00

Student Information (please print)

Social Security Number: - -

Legal name: _____
Last First Middle or Maiden

Preferred name: _____ male female E-mail address: _____

Permanent home address: _____
Number and Street

City Parish/County State ZIP

Current mailing address: _____
Number and Street City State ZIP

If you have been living at your present address less than two years, list your previous address. (attach addendum if necessary)

Number and Street City State Since: month _____ year _____

Home phone: (_____) _____ Mobile phone: (_____) _____

Place of birth: _____ Date of birth: _____ U.S. Citizen yes no
City State Month/Day/Year

Marital status: single married (required for residence hall application) Religious preference (optional) _____

Admissions Information

Enrolling Quarter: yr. _____
 Fall
 Winter
 Spring
 Summer

Classification:
 New Freshman
 Readmission
 Transfer
 Visiting
 Concurrent/Early Admission
 Post-Baccalaureate

Campus Enrolling:
 Main campus
 Barksdale
 Online Campus
(applies only if ALL coursework is online)

Housing:
 On campus
 Off campus
 At home
(If you are planning to live in campus housing, you must complete a residence hall application.)

Ethnicity: (optional)
 White, Non-Hispanic
 Black/African-American
 American Indian or Alaskan
 Asian or Pacific Islander
 Hispanic
 Non-resident Alien
(If you have a resident alien card, attach copy.)

I am interested in the following area(s) of performing arts:
 Band Keyboard
 Choir Orchestra
 Guitar Theater

Proposed major _____

Name _____
First Middle Last

Address _____
Number & Street

City _____ State _____ ZIP _____
City State ZIP

Home # (_____) _____
 Work # (_____) _____
 E-mail address _____

Father Stepfather Guardian Spouse
 Louisiana Tech Graduate Year _____

Mother Stepmother Guardian Spouse
 Louisiana Tech Graduate Year _____

Test Scores (copy of scores must be submitted)

ACT Date Taken: _____ English: _____ Math: _____ Reading: _____ Science: _____ Composite: _____
 SAT Date Taken: _____ Verbal: _____ Math: _____ TOEFL (if taken): _____ Date Taken: _____ Score: _____
 Check here if you plan to retake ACT, SAT or TOEFL. Which test and when? _____

Academic Information

List the high school you graduated or will graduate from and ALL colleges attended or currently attending, including Louisiana Tech.
 (Attach a separate sheet if more space is needed)

Name, City & State of Last High School Attended:		Did you (or will you) graduate from high school? <input type="checkbox"/> Yes Year of Graduation _____ <input type="checkbox"/> No <input type="checkbox"/> GED		
Name of College	City and State	Dates Attended (Mo./Yr - Mo./Yr)	Hours/Credits	Degree Earned

HAVE YOU EVER BEEN DISMISSED, DROPPED OR SUSPENDED FROM ANY COLLEGE OR UNIVERSITY?

Yes (If yes, where _____ and when _____) No

Selective Service

I hereby swear or affirm under penalty of perjury in accordance with the requirements of the Military Selective Service Act, and the requirements of Louisiana state law R.S. 17:3151 that:

I am registered with the Selective Service System: (check one) Yes No

Not Applicable, indicate reason:

- ___ Under 18 years of age
- ___ Female
- ___ Member of the armed forces on active duty
- ___ Born before 1960
- ___ Other. Explain: _____

By completing this application for admission, I authorize Louisiana Tech University and the Louisiana Board of Regents access to my high school academic records. Further, I certify that all information provided on this form is complete and accurate. I understand that withholding information, or giving false information may make me ineligible for admittance and enrollment at Louisiana Tech University. In making application for admission to Louisiana Tech University and in compliance with the provisions of the "Family Educational Rights and Privacy Act" of 1974, I hereby authorize the continuous release by the University of DIRECTORY INFORMATION, while a student, unless this action is specifically revoked by me, in writing, no less than 15 days prior to the first day registration for any academic quarter. DIRECTORY INFORMATION is defined to include the student's name, local address, permanent address, classification, telephone (both home and Tech), date and place of birth, major field of study, dates of attendance at Tech, degrees, honors, and awards received, most recently attended educational institution, current class schedule, photos, e-mail address, participation in officially recognized activities and sports, weight and height of members of athletic teams. Note: Social Security numbers and student PIN numbers are NOT Directory Information.

Date _____ 20 _____ Applicant's Signature _____

Name _____

Doctor's Name _____

Address _____

Phone No. _____

Home Phone _____

IN CASE OF EMERGENCY CONTACT:

Age _____ Date of Birth _____

1) _____ Phone _____

Social Security No. _____

2) _____ Phone _____

MEDICAL INFORMATION:

MARK AN "X" IF YES

PAST HISTORY

IF YES TO ANY PLEASE EXPLAIN ON BACK

Rheumatic Fever/Heart Murmur _____
High Blood Pressure. _____
Heart Trouble of any kind. _____
Heart Surgery of any type. _____
Disease of Arteries _____
Varicose Veins _____
Lung Disease _____
Back Injuries, etc _____
Diabetes _____
Gout _____
Other _____

MEDICATION AND DOSAGE

USE BACK OF FORM IF NECESSARY

None. _____
Digitalis Preparations. _____
Anti-arrhythmias. _____
Quinidine, Procains, Amides. _____
Diuretics & Electrolytes _____
Tranquilizers/Sedatives. _____
Metabolics-Insulin, Thyroid. _____
Other _____

Weight _____ BP _____ / _____

PRESENT SYMPTOMS/MEDICAL CONDITIONS REVIEW – PLEASE EXPLAIN IF YES TO ANY

Chest pain/discomfort _____
Shortness of breath _____
Heart palpitation _____
Cough on exertion _____
Back pain _____
Arthritis/swollen, stiff, painful joints.. _____
Orthopedic problems _____
Other _____

The above named has my approval to participate in a program of individually paced fitness activities that are appropriate for the needs and varied limitations of senior adults. Activities include chair aerobics, aerobic dancing exercises, walking and/or jogging, use of small hand weights and stretch bands, use of strength/training machines or water exercise. In my opinion, the above named is capable of judging his/her limitations regarding exercise. **However, the class instructor should be aware of the following SPECIAL CONDITIONS, RECOMMENDATIONS, MODIFICATIONS, AND/OR LIMITATIONS:**

PHYSICIAN'S SIGNATURE

DATE

