Fitness Centre Membership

the fitness centre @250 clark

The Municipality of Powassan
The Heart of Good Living

All members or guests must complete this form prior to using the fitness centre. All information is confidential.

- **New**: For new and previous members who have let their membership lapse 3 months or more. **Complete Sections A, B, C & D**.
- **Renewal**: For all current renewals. **Complete section A & C only**.
  Note: If address has changed, complete Section B. If medical information has changed complete Section D.

Section A: Please print.

First Name: Last Name:

Phone No: Home: ( ) Work: ( ) Cell: ( )

Section B:

Address: City: Postal Code:

Email Address:

☐ Check box to receive email updates. You can unsubscribe at any time.

Date of Birth: Age: Gender: ☐ Male ☐ Female

Emergency Contact: Phone: ( )

Name of Physician: Phone: ( )

A free fitness consultation and program design is available to all members. It is strongly recommended that members take advantage of this professional service before beginning an exercise program. To book an appointment please speak to staff.

Section C: Waiver

Please read carefully and sign below

I hereby release the Corporation of the Municipality of Powassan and its employees from any and all claims or any damages whatsoever arising out of any accident or injury which may be caused by or results from my participation while engaging in activities at or sponsored by any of the Municipality of Powassan's properties; except where the damage or injury is caused by the negligence of the Municipality of Powassan or its agents, officers and employees acting within the scope of their duties. I further agree that I, the undersigned, have no knowledge of any physical illness or disability that through my participation could prove dangerous or hazardous to my health.

I have been provided with a complete list of membership privileges and fitness centre policies and agree to abide by them.

I understand that fitness staff are not on duty during operational hours. I am aware that I should exercise caution when using fitness equipment and/or engaging in a fitness activity with which I am unfamiliar.

The Municipality of Powassan reserves the right to suspend or revoke any fitness membership in the event of inappropriate behaviour and/or failure to follow Fitness Centre policies by the member and/or member's guest.

Personal information on this form is collected pursuant to the Municipal Act, 2001, S.O. 2001 c.25, as amended and will be used for the purpose of entering membership information into the Municipality of Powassan registration system. Questions regarding this collection may be directed to the Lesley Marshall, Deputy Clerk lmarshall@powassan.net 705-724-2813 ext 221 PO Box 250 Powassan P0H1Z0

☐ I will participated in the offered training session as recommended

☐ I will be opting out of the training session as I believe I have the necessary knowledge base to proceed without participating. I understand that at any time I may request a session in the future.

Client's Signature: Date:

Parent's Signature (If under 18 Years of age): Date:

- Policies received Client's Initials: Date:

Office Use Only:

☐ Member ☐ Guest Payment: CASH/CHQ/DEBIT AUTO

Membership Type: MONTH / YEAR Membership Number: Expiry Date:

Section D: Physical Activity Readiness Questionnaire (PAR-Q)

Please read the following questions carefully and answer each one honestly. Check 'yes' or 'no'.

1. Has your Doctor ever said that you have a heart condition and that you should only engage in exercise prescribed by a Doctor? ☐ Yes ☐ No
2. Do you feel pain in your chest when you engage in physical activity? ☐ Yes ☐ No
3. In the past month, have you had chest pain when you were not doing physical activity? ☐ Yes ☐ No
4. Do you lose your balance because of dizziness or do you ever lose consciousness? ☐ Yes ☐ No
5. Do you have a bone or joint problem that could be made worse by a change in your physical activity? ☐ Yes ☐ No
6. Is your Doctor currently prescribing drugs (i.e. water pills) for your blood pressure or heart condition? ☐ Yes ☐ No
7. Do you know of any other reason why you should not engage in physical activity? ☐ Yes ☐ No

'Yes' to One or More Questions:

The Doctors Consent Form (below) must be completed and signed by your Doctor before you return this form to the fitness centre. Inform your Doctor about the PAR-Q and questions you answered 'Yes' to. Doctor's consent is also required for pregnant women and anyone 70 years of age or older upon becoming a fitness centre member.

Client's Signature: ______________________ Date: __________

Parent's Signature (If under 18 Years of age): ______________________ Date: __________

Physician's Physical Activity Consent

Physician's consent is only required for:

Patient's Name: ______________________

a) anyone 70 years of age or older.

b) anyone who answers 'yes' to any question on the PAR-Q.

"I examined the individual named above and know of no reason to limit the patient in the use of the Fitness Centre facilities. These include treadmills, bikes, rowing machines, stair climbers, elliptical trainers, weight training equipment, and sauna. I understand that upon request by the member, a fitness assessment consisting of stepping up and down a series of stairs without exceeding 80% of maximum predicted heart rate, in addition to other strength and flexibility can be performed."

☐ Without restriction ☐ With the following restrictions: ______________________ ☐ Only after I've been contacted

List any medication(s) taken by the patient and indicate the drug(s) effect(s) on heart rate and blood pressure at rest and during exercise:

Doctor's Name: ______________ Signature: ______________ Date: __________

Address: ______________________ Phone: (   )