

MATACHEWAN GET FIT CENTRE

APPLICATION FORM FOR MEMBERSHIPS

NAME: _____ HOME #: _____

WORK #: _____ CELL #: _____

MAILING ADDRESS:

MEMBERSHIP REQUESTED (PLEASE CIRCLE ONE): 1 WEEK 1 MONTH 3 MONTHS 1 YEAR

	1 WEEK	1 MONTH	3 MONTHS	1 YEAR	ACCESS TAG FEE
ADULT RATE	\$10.00	\$30.00	\$80.00	\$300.00	\$10.00
STUDENT SENIOR RATE (50+)	\$10.00	\$18.00	\$45.00	\$160.00	\$10.00

Payment method accepted as cash or cheque

Please note, there is a \$67.50 charge for all NSF cheques

MEMBERSHIP POLICY

1. Membership Refund
 - a. Request must be made in writing to the Municipal Office.
 - b. Consideration will be made under the following situations:
 - i. Persons making an unforeseen move out of area.
 - ii. Persons can produce a Doctor's Note proving they are unable to utilize the facility.
2. Membership may be extended due to:
 - a. Facility shut down.
 - b. Person can produce a Doctor's Note proving they are unable to utilize the facility.
3. The Committee or Municipal Office reserves the right to cancel or suspend any membership.
4. Memberships are non-transferrable.
5. You must be 18 years of age or older to have a Gym membership.
No person under the age of 16 will be permitted into the gym.
6. Persons between the ages 16-18 can obtain a membership with parent/guardian consent and must be accompanied with said parent/guardian while at the gym.

MATACHEWAN "GET FIT" CENTRE
Emergency Information

NAME: _____ HOME#: _____ Work #: _____

MAILING ADDRESS: _____

Family or Personal Physician: _____ Phone#: _____

In case of emergency contact: _____ Phone#: _____

Any allergies to food or drugs? If "yes" please specify what they are: _____

Are you taking any prescription drugs? If "yes" please specify what medication:

Do you wear eye glasses? yes____ no____

Do you wear braces on your teeth? Yes____ no____

Do you wear a hearing aid? Yes____ no____

Do you wear contact lenses? Yes____ no____

Do you wear a medic alert bracelet? If "Yes" please specify what is written on it: _____

Date of last tetanus immunization (if known) _____ Blood type: _____

Have you had or do you have any of the following? Pertinent dates and details?

Arthritis or rheumatism yes _____ no _____

Asthma yes _____ no _____

Diabetes yes _____ no _____

Dizziness yes _____ no _____

Epilepsy yes _____ no _____

Fainting yes _____ no _____

Heart Trouble yes _____ no _____

Headaches yes _____ no _____

Hernia yes _____ no _____

Specify Others:

What medications should the participant have on hand during the sport activity? Who should administer it?: _____

Participant's Signature: _____ Date: _____

Parent/Guardian Signature (if under 16): _____

PAR-Q & YOU

(A Questionnaire for People Aged 15 to 69)

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 PAR-Q 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	
<input type="checkbox"/>	<input type="checkbox"/>	1. Has your doctor ever said that you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor?
<input type="checkbox"/>	<input type="checkbox"/>	2. Do you feel pain in your chest when you do physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	3. In the past month, have you had chest pain when you were not doing physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	4. Do you lose your balance because of dizziness or do you ever lose consciousness?
<input type="checkbox"/>	<input type="checkbox"/>	5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
<input type="checkbox"/>	<input type="checkbox"/>	7. Do you know of <u>any other reason</u> 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 PAR-Q and which 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 those 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 PAR-Q 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. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

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 that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

Informed Use of the PAR-Q: The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

No changes permitted. You are encouraged to photocopy the PAR-Q but only if you use the entire form.

NOTE: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

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

NAME _____

SIGNATURE _____

DATE _____

SIGNATURE OF PARENT _____
or GUARDIAN (for participants under the age of majority)

WITNESS _____

Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.



INFORMED CONSENT AGREEMENT

Thank you for choosing to use the facilities, services or programs of Matachewan "Get Fit" Centre. We request your understanding and cooperation in maintaining both your safety and health by reading and signing the following informed consent agreement.

I _____, declare that I intend to use some or all of the facilities, activities, programs and services offered by Matachewan" Get Fit" Centre and I understand that each person, including myself, has a different capacity of participating in such activities, facilities, programs and services. I assume full responsibility during and after my participation, for my choices to use or apply, at my own risk, any portion of the information or instruction that I receive.

I understand that part of the risk involved in undertaking any activity or program is relative to my own fitness of health (physical, mental or emotional) and relative to my awareness and skill of the facility, activity or program. I acknowledge that my choice to participate in any activity, service and program of the "Get Fit" Centre brings with it the assumption by me of those risks from these choices and the fitness, health, awareness, care, and skill that I possess and use.

I accept the fact that the skills and competence of some of the volunteers will vary according to their training and experience. No claim is made to offer assessment of any mental or physical disease or condition by those who are not fully licensed, certified or registered, to provide such professional services.

I recognize that by participating in the activities, facilities, programs and services offered by the "Get Fit" Centre, I may experience potential health risks such as light headedness, fainting, abnormal blood pressure, chest discomfort, leg cramps and nausea and that I assume willfully, those risks. I acknowledge any other symptoms that I may suffer during and immediately following my participation. I understand that I may stop or delay my participation in any activity or procedure if I desire. I understand that I may ask questions or request further explanation or information about activities, facilities, programs and services offered by Matachewan "Get Fit" Centre at any time.

I declare that I have read, understood and agree to the contents of this Informed Consent Agreement in its entirety.

SIGNATURE _____

DATE _____

PARENT SIGNATURE _____
(if applicable)

DATE _____



**PARENTAL CONSENT AND RELEASE OF LIABILITY AGREEMENT
FOR A YOUNG PERSON BETWEEN THE AGE OF 16-18 YEARS**

Thank you for choosing to use the facilities, services or programs of Matachewan "Get Fit" Centre. We request your understanding and cooperation in maintaining both your safety and health by reading and signing the following Parental Consent and Release of Liability Agreement.

I _____ (parent/guardian), declare I understand that participation at the Matachewan Get Fit Centre involves various risks. I am aware that exercise can be physically stressful and in certain circumstances can even be harmful and result in death.

I also understand that my child and I should consult with our personal physician before my child begins or continues any exercise program.

I agree to attend the mandatory orientation session with my child. Orientation will include reviewing equipment use and operation as well as proper technique during exercises.

In consideration for being permitted to utilize the Matachewan Get Fit Centre, I hereby release, defend, indemnify and hold harmless the Matachewan Get Fit Centre, their committee of volunteers, and the Municipality of Matachewan, from any and all claims, actions, or cause of action, and from any and all liability for any personal injury of any kind, nature, or description, including death that may arise or be sustained by me during or related to my use of the Matachewan Get Fit Centre facility and equipment.

I represent that I have read and understood this Parental Consent and Release of Liability Agreement and acknowledge that this release is being relied on by the Matachewan Get fit Centre in permitting my child to utilize the fitness Centre facility and equipment.

I declare that I have read, understood, signed, and agree to the contents of the **attached Informed Consent Agreement** in its entirety.

I understand that at any time I may review this parental Consent and Release of Reliability Agreement as well as the attached Informed Consent by requesting a copy from the Township of Matachewan staff.

I have carefully considered the risks involved and have given complete consent for my child, _____ (child's full name) to utilize the gym facility at his/her own risk.

Parent Signature: _____

Date: _____

Signature of witness over the age of 18: _____

Date: _____

Participant (Child) Signature: _____

Date: _____

MANDATE:

The mandate of the Matachewan "Get Fit" centre is to determine, develop, maintain and promote physical fitness programs and opportunities to all citizens of Matachewan. We wish to help build a stronger community, stronger families and to promote positive, healthy and active lifestyles.

MEMBERSHIP FEES - Please note, there is a \$67.50 charge for all NSF cheques

Membership payable with cash or cheque only

Adult: \$30.00 per month \$80.00 for 3 months or \$300.00 for a full year.

Senior (50+) and Student: \$18.00 per month or \$45.00 for 3 months or \$160.00 for a full year.

A \$10.00 deposit for the access key is required with a full refund upon return of the key.

EMERGENCY

In the event of an emergency within the fitness centre, please contact emergency services at the numbers below.

EMERGENCY NUMBERS

911 - Mobile Phones

Matachewan Fire Department

705-565-2212

OPP Dispatch

1-888-310-1122

Kirkland Lake Ambulance

705-567-4357

Township Office

705-565-2274

Kirkland Lake Hospital

705-567-5251

Hydro One

1-800-434-1235

Matachewan Nursing Station

705-565-2351

FACILITY AND EQUIPMENT

EQUIPMENT USAGE

-When using free weights, it is strongly recommended to lift with a partner whose strength is similar to yours and if without a partner to avoid lifting weights over or above the body.

-Weight pins, clips and safety cage must be used

-You must use the safety clip located on the treadmills

-We recommend taking the time to read the equipment usage posting located on the fitness equipment and on the walls located throughout the fitness centre.

*DO NOT DROP WEIGHTS. DO NOT ALLOW MACHINE PLATES TO SLAM DOWN. If you are dropping the weights, it means they are too heavy for you.

-Please report equipment failures to the committee members or the Municipal Office

-Members must clean the equipment used with the cleaning solution provided in the spray bottles located throughout the gym. PLEASE spray the paper towel first and THEN wipe down the cardio machines. This will help prolong the life of the equipment

ATIRE AND SHOES

-Absolutely no outdoor shoes are to be worn in the gym. Gym users who are seen doing this, will be asked to leave. The sand from outdoor shoes ruins the cardio equipment.

-You must wear a T-shirt providing full coverage. Place a towel down when using the mats and or bench. Many people use the mats and benches, having a cloth barrier and wiping the equipment down can help avoid skin diseases such as ringworm or impetigo.

MEMBER CONDUCT

-Gym members with keys shall at no time allow entry to a non paying member. Anyone caught doing this will automatically have their membership suspended with no possibility to make future purchase of membership.

-Always put weights back in their original place. Do not leave weights on equipment.

-No smoking, drugs or alcohol are permitted and members may not use the equipment when under the influence.

-Blocking or restriction of emergency exits is prohibited.

ACCESS

The fitness centre is open 5:00am to 11:00pm 7 days a week. Upon completion of all registration forms and payment of fees including, a \$10.00 deposit for a proximity tag. The tag (key) is programmed according to your membership fee and will allow access to the gym when you desire.

MEMBERSHIP INFORMATION

- 1.) All forms provided in this package must be filled out, completed and returned to the municipal office before obtaining a gym membership
- 2.) A deposit of \$10.00 must be paid before acquiring an access tag
 - a. Access tags will become activated once a membership has been paid for
 - b. Once this membership expires, your tag will no longer work
 - c. In order to have your tag deposit refunded, you must return your tag. If your tag becomes lost or stolen, you will not receive a refund
 - d. Sharing of access tags or allowing people without memberships to use the gym facility is strictly prohibited and will result in permanent termination of gym privileges for all persons involved
- 3.) Every member is expected to clean up after themselves when using the gym and all equipment must be wiped down, garbage is placed in the trash can and the gym rules apply to all

MISUSE OF THE GYM

It has come to the attention of the Get-Fit Centre Committee that individuals that have not paid membership fees have been using the gym. I am sure you agree this is wrong and unfair to those of us who have paid our membership fees. In an effort to put a stop to this, committee members will be making random checks at the gym. If you are found to not be a paid member or your key is being used by someone other than yourself, you and the other individual (s) will no longer have the privilege of using the gym.

Graffiti on the walls is offensive and childish, please erase this if seen and report those who are seen doing it.

The committee strives to keep the membership fees low, purchase new equipment and maintain existing equipment. The committee is always open to suggestions and ideas to make your gym experience as enjoyable as possible.

Please feel free to submit your ideas or concerns in the suggestion box at the front entrance or contact a committee member.

REGISTRATION

Registration for membership and membership payments must be made at the Municipal Office. Office hours are 9:00am to 4:30pm Monday to Friday. Membership fees are not refundable except for certain circumstances outlined in the Application Form (appendix 1)

Application package for membership includes; Application Form (appendix 1), PAR-Q (appendix 2), Informed Consent Form (appendix 3). The member will also receive a copy of the policies and procedures, gym rules, gym etiquette and the committee contact list.

Additional forms only for a person between age of 16 and 18 includes; Parental Consent and Release of Liability Agreement (appendix 4). A mandatory orientation of the gym is also required and involves the attendance of the child and the parent together.

All gym members are required to sign in and out using the sheet located at the gym entrance

AS A GYM MEMBER YOUR OBLIGATIONS ARE:

- 1) Sign the "sign in and out sheet" at the entrance
- 2) Turn air conditioner off, unplug all machines, close any open windows, turn lights off when you leave, and make sure door is closed securely upon leaving
- 3) Put your weights back – don't leave weights on the bars or on the floor
- 4) Clean all equipment after every use
- 5) Report any damages, graffiti, broken equipment or misuse of the facility immediately to the Municipal Office
- 6) Use emergency exit for emergency only, it is not for everyday use
- 7) Never prop open the facility's doors with any object

I, the undersigned have read and understand my responsibilities (as described above) as a gym user.

SIGNATURE: _____ PRINT NAME: _____

DATE: _____

PRESIDENT: WAYNE BOUDREAU
TEL: 705-622-2327

SECRETARY: MARIE LYNNE INGLIS
TEL: 705-565-2231
TREASURER: TRACY RYAN
TEL: 705-642-5258