Matachewan Get Fit Centre Application Form for Memberships

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.

Please Print

Name:_____ **Home#:**_____

Work#: _____ **Cell #:**_____

Email: _____

Mailing Address:_____

Membership Requested (please circle one)

	1 Week	1 Month	3 Months	1 Year	Access Fob Fee
Adult Rate	**$20.00**	**$45.00**	**$115.00**	**$450.00**	**$20.00**
Senior Rate 50+	**$10.00**	**$18.00**	**$45.00**	**$160.00**	**$20.00**

Payment method accepted as cash, cheque, debit, and EFT. Please note there is a charge of $75.00 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:
    - Person making an unforeseen move out of the area.
    - Person can produce a doctor's note proving they are unable to utilize the facility.
2. Membership may be extended due to:
a. Facility shutdown.
b. A person can provide a doctor's note proving they are unable to utilize the facility for some time.

3. The Committee or Municipal Office reserves the right to cancel or suspend any membership.
4. Memberships are non-transferable.
5. You must be 18 years of age or older to have a gym membership. No person under the age of 18 is permitted into the gym.

Facility and Equipment

Equipment

- 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 your body.
- Weight pins, clips and safety cage must be used.
- You must use the safety clips located on the treadmills.
- *DO NOT DROP WEIGHTS. DO NOT ALLOW WEIGHT PLATES TO SLAM DOWN. If you drop the weights, it means they are too heavy for you.
- 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 then wipe down the cardio machines. This will help prolong the life of the equipment.

ATTIRE 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.

MEMBER CONDUCT

- Gym members with key fobs shall at no time allow entry to a non-paying member. Anyone who is caught doing this will automatically have their membership suspended with no possibility to make a 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 gym is open from **4:00 AM to 11:00 PM 7 days a week.** Upon completion of all registration forms and payment of fees including a $20.00 deposit for a key fob. The key fob is programmed according to your membership fee and will allow access to the gym when you desire.

REGISTRATION

Registration for membership and membership payments must be made at the Municipal Office. Office hours are 8:30 am to 5:00 pm Monday to Friday. Membership fees are not refundable except for certain circumstances outlined in the Application Form.

AS A GYM MEMBER YOUR OBLIGATIONS ARE:

1. Sign the "sign in and out sheet" at the entrance.
2. Put your weights back - do not leave weights on the bars or on the floor.
3. Clean all equipment after every use.
4. Report any damage, graffiti, broken equipment or misuse of the facility immediately to the Municipal Office.
5. Use emergency exit for emergency use only, it is NOT for everyday use.
6. Never prop open the facility's doors with an object.

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

Signature:_____**Print Name:**_____

Date:_____

Membership Information

1. A deposit of $20.00 must be paid before receiving a key fob.
2. Key fobs will only become activated once a membership is paid in full.
3. To have your key fob deposit refunded, you must return your key fob. If your key fob becomes lost or stolen, you will not receive a refund.

EFT INFORMATION: accounting@matachewan.ca

Informed Consent Agreement

Thank you for choosing Matachewan "GET FIT" Centre. We request your understanding and cooperation in maintaining both your safety and health by reading and signing the following 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 or 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 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:**_____

Matachewan "GET FIT" Centre Emergency Information

Please print.

Name:_____Home#:_____Work #:_____

Mailing Address:_____

Physician:_____ Phone #:_____

In case of Emergency contact:_____ Phone #: _____

Any allergies to food or drugs? Please specify what they are:_____

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

Do you wear 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 medical alert bracelet or necklace? If "yes please specify what is written on it:_____

Date of last Tetanus immunization (if known):_____

Have you had or do you have any of the following? (circle)

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:_____

Participants Signature: _____ Date:_____