



Registration Packet

_____	_____/_____/_____	_____
Name	Date	Front Desk Attendant
____:____ am / pm	____/____	_____
Time	Month Day	Fitness Instructor

On-Site Application:

Complete packet and give to the front service desk person to be placed in the Fit4Me instructor's mailbox.

On-Line Application:

Complete packet and bring with you for your Fit4Me facility introduction.

If you have any questions or concerns please feel free to call and talk to our Membership Specialist 740-335-0477

The Fit4Me instructor will need this packet completed prior to your Fit4Me facility introduction.



Fayette County Family YMCA
100 Civic Drive, P.O. Box 1021 Washington
CH, OH 43160 740 335 0477
faycoymca.org

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Terms of Enrollment



Terms of Enrollment

Acknowledgement of Release

All information contained on this Website, including recommendations regarding diet, exercise or dietary supplements, is for informational purposes only. I understand that the ActivTrax Program is not a medically supervised system. No information including product packaging or labels, contained on this Website is intended to be used in place of a visit, call, consultation or advice of a physician or other medical/healthcare professionals. We do not recommend the self-management of health problems. Should you have any healthcare-related questions, please call or see your physician or other healthcare provider promptly. You should never disregard medical advice or delay in seeking medical advice because of something you have read on this Website, and you should not use the information contained on this Website for diagnosing a health problem or prescribing or using a medication. Additionally, the transmission and receipt of information contained on this Website, in whole or in part, or communication via the internet or e-mail does not constitute or create a doctor-patient, therapist-patient or other healthcare professional relationship between you and us.

Information and statements concerning dietary supplements have not been evaluated by the FDA and are not intended to diagnose, treat, cure or prevent any disease.

The ActivTrax web subscription and nutrition coaching sessions are personal to the original user and non-transferable.

I hereby release ActivTrax, LLC ("ActivTrax") and each of its officers, directors, employees, agents, representatives, successors and assigns from and against any and all liabilities, claims, actions, causes of actions, and/or damages from or relating in any way to any injury or other damage I may sustain while testing or preparing for, or otherwise participating in or following, any of the stretching, exercises or other activities or recommendations outlined in the ActivTrax fitness program and any and all workouts Powered by ActivTrax ("ActivTrax Program") developed for me.

I acknowledge that the ActivTrax Program prepared for me contains recommendations only. I further acknowledge that the ActivTrax Program and any future ActivTrax Programs will be prepared based upon (i) my preliminary fitness testing, (ii) information provided by me in connection with those preliminary activities, and (iii) information provided by me based on my performance of future activities relating to the ActivTrax Program.

I acknowledge that I do not suffer from any impairment (physical, mental or otherwise) that may preclude me from participating in the ActivTrax Program. I understand that I will be required to perform a physical assessment and complete several questionnaires prior to receiving my ActivTrax Program. I acknowledge that all of the information provided by me has been true and complete. In addition, I acknowledge that all of the prior testing and/or questioning were undertaken solely for informational purposes to develop my ActivTrax Program. Neither the testing, questioning and/or results, nor the ActivTrax Program prepared for me, declare or otherwise affirm my fitness or ability, or a lack of fitness or ability to participate in the ActivTrax Program. This Agreement constitutes the entire and exclusive agreement between ActivTrax and me, and it supersedes all other oral, written, and electronic representations or statements relating to the ActivTrax Program.

Modifications

I understand that from time to time it may be necessary for ActivTrax to update the Terms of Enrollment and acknowledge that ActivTrax reserves the right to amend or modify the Terms of Enrollment without my written consent. ActivTrax agrees to post the most recent Terms of Enrollment on the ActivTrax website at <http://www.activtrax.com/pdfTerms.php?clubid=2216> prior to any amendments or modifications going into effect. It shall be my responsibility to check the ActivTrax website to ascertain the existence of any amendments or modifications to these terms. Notwithstanding ActivTrax's right to make modifications or amendments to the Agreement in the manner set forth above, ActivTrax shall not make any amendment or modification to any monetary obligations unless such amendment or modification is agreed to by both me and ActivTrax.

Member

By signing below, I acknowledge the following: (1) I have been presented the Terms of Enrollment; (2) I understand and agree with the Terms of Enrollment; (3) I agree to notify the YMCA in writing if I choose to cancel my membership in this program.

Member's Signature

____/____/____
Date

Member Interest Survey

As a Member, how often do you plan on using the Fayette County Family YMCA facilities?

- Once a month Once a week 2-3 times a week More than 3 times/week

If you are a Member, what was your reason for joining our YMCA? Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> To stay or get in shape | <input type="checkbox"/> Availability of the pool |
| <input type="checkbox"/> Availability of the wellness Center | <input type="checkbox"/> Availability of the free weights |
| <input type="checkbox"/> Availability of swimming lessons | <input type="checkbox"/> Availability in a water exercise class |
| <input type="checkbox"/> Availability of the gymnasium | <input type="checkbox"/> Convenience of location |
| <input type="checkbox"/> Affordable rates | <input type="checkbox"/> Promotional sale, discounted rate |
| <input type="checkbox"/> Access to Group Exercise Classes | <input type="checkbox"/> Access to free Child watch |
| <input type="checkbox"/> Friends | <input type="checkbox"/> Fun |
| <input type="checkbox"/> Lose Weight | <input type="checkbox"/> Rehab |
| <input type="checkbox"/> Relaxation | <input type="checkbox"/> Childcare |
| <input type="checkbox"/> SilverSneakers Class | <input type="checkbox"/> Optum Health |
| <input type="checkbox"/> Volunteer | <input type="checkbox"/> Scholarship program |
| <input type="checkbox"/> Other, please specify | |

What programs are you interested in participating in?

What programs are you interested in that we do not currently offer?

Physical Activity Readiness Questionnaire (PAR-Q)

Participants Name: _____ Age: _____ Date: ____/____/____

The PAR-Q is designed to help yourself. Many health benefits are associated with regular exercise, and the completion of the PAR-Q is a sensible step to take if you are planning to increase the amount of physical activity in your life.

For most people, physical activity should not pose any problems or hazards. The PAR-Q has been designed to identify the smaller number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable to them.

Common sense is your best guide in answering the following questions. Please read them carefully and check the correct answer opposite the question if it applies to you.

Yes	No	#	Question
		1	Has your doctor ever said you had heart trouble and should only do physical activity recommended by a doctor?
		2	Do you frequently have pains in your heart and chest?
		3	Do you often feel faint or have spells of severe dizziness?
		4	Has a doctor ever said your blood pressure was too high?
		5	Has a doctor ever told you that you have a bone or joint problem, such as arthritis, that has been aggravated by exercise or might be made worse with exercise?
		6	Is there a good reason not mentioned here why you should not follow an activity program even if you wanted to?
		7	Are you over the age 65 and not accustomed to vigorous exercise?

If you answered:

YES to one or more questions:

If you have not recently done so, consult with a physician by telephone or in person before increasing your physical activity and/or taking a fitness test. Tell your physician what questions you answered "YES" to on the PAR-Q or present a copy of the PAR-Q.

Then: Ask your physician for advice on any restrictions to your physical activity.

If you answered:

NO to all questions:

If you answered "NO" honestly to all PAR-Q questions, you can be reasonably sure that you can:

- Participate in a graduated exercise program - a gradual increase in proper exercise techniques
- Participate in fitness testing

Delay becoming much more active:

- If you are not feeling well because of a temporary illness such as a cold or fever - wait until you feel better; or
- If you are pregnant - talk to your doctor before you start becoming more active

If you answered **NO** to all of the preceding questions please sign below:

_____/_____/_____
Participants Signature Staff Signature Date

If you have answered **YES** to any of the preceding questions please read and sign below:
Although I have answered yes to one or more questions on this PAR-Q, and have identified a potential risk, and have been advised by the staff members to consult a physician before beginning any physical activity, I wish to begin participation immediately and understand that all physical activity and use of the facilities shall be under taken by me at my sole risk.

_____/_____/_____
Participants Signature Staff Signature Date

AGREEMENT AND RELEASE OF LIABILITY

1. In consideration of being allowed to participate in the personal fitness training activities and programs of the Fayette County Family YMCA and to the use of its facilities, equipment and services, in addition to the payment of any fee or charge, I do hereby forever waive, release and, discharge the Fayette County Family YMCA and its officers, agents, employees, representatives, executors, and all others' acting on their behalf from any and all claims or liabilities for injuries or damages to my person and/or property, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf, arising out of or connected with my participation in any activities, programs or services of the Fayette County Family YMCA, or the use of any equipment at various sites, including home, provided by and/or recommended by the Fayette County Family YMCA and its officers, agents, employees, representatives, executors, and all others. (PLEASE INITIAL _____).

2. I have been informed of, understand and am aware that strength, flexibility and aerobic exercise, including the use of equipment, is a potentially hazardous activity. I also have been informed of, understand and am aware that fitness activities involve a risk of injury, including a remote risk of death or serious disability, and that I am voluntarily participating in these activities and using equipment and machinery with full knowledge, understanding and appreciation 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 or machinery. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in the exercise activities, programs and use of exercise equipment I also acknowledge that it has been recommended that I have a yearly or-more frequent physical examinations and consultation with my physician as to physical activity, exercise and use of exercise equipment. I acknowledge that I have either had a physical examination and have been given my physician's permission to participate, or that I have decided to participate in the exercise activities, programs and use of equipment without the approval of my physician and do hereby assume all responsibility for my participation in said activities, programs and use of equipment. (PLEASE INITIAL_____).

4. I understand that Fayette County Family YMCA and its officers, agents, employees, representatives, executors, and all others' provision and maintenance of an exercise/fitness program for me does not constitute an acknowledgment, representation or indication of my physiological well-being, or a medical opinion relating thereto. (PLEASE INITIAL _____).

Agreed to this _____ day of _____, 20____.

Client's Signature

By _____

It's Authorized Representative

Staff Witness

IF USER IS UNDER THE AGE OF 18 YEARS OLD: PARENT/LEGAL GUARDIAN MUST CONSENT:
I, parent or legal guardian of the above minor under 18 years of age, hereby consent to the terms and conditions set forth in this release form.

Parent/Guardian Signature _____ Date ____/____/____

Telephone where you can be reached: () _____ - _____

FAYETTE COUNTY FAMILY YMCA WELLNESS CENTER: RULES AND REGULATIONS

- 1. The minimum age for Wellness Center participation is 13 years, with the exception of 10, 11 and 12 year olds who have completed the pre-teen fitness class and who are being supervised by a parent or legal guardian. Pre-Teen ID cards are required and may be picked up at the front desk by the parent or legal guardian who will be supervising their pre-teen.**
- 2. Wellness Center use for those ages 10-17 is limited to YMCA members only.**
- 3. Members ages 13-17 will have a special sticker placed on their membership card and must have their card in their possession while in the fitness center.**
- 4. Wellness Center use is a privilege. Those using equipment inappropriately (banging weights, racing on cardio equipment, or youth trying max lifts) will have this privilege revoked.**
- 5. Please participate in a Fit4me facility introduction and/or group equipment orientations before using equipment. We are not liable for accident or injury.**
- 6. Please obtain your physician's approval before beginning any exercise program (you may be asked to obtain a physician's or physical therapist's release before beginning your program).**
- 7. Please wear proper workout attire. Please, no belts, buckles or snaps on workout clothing. No open toe shoes are allowed in the Wellness Center and all members on the cardio equipment must wear fitness shoes. Please remove all jewelry (e.g. watches, rings, chains).**
- 8. Report any injury immediately to staff.**
- 9. Report any equipment that is not properly working to staff.**
- 10. Leave gym bags, jackets, and other personal belongings in your locker. The YMCA is not responsible for lost, stolen or damaged personal items. Please bring lock and secure personal belongings in locker.**
- 11. Follow appropriate safety, etiquette, and training practices at all times (use equipment only as instructed by YMCA staff). Misuse of equipment prohibited.**
- 12. If others are waiting to use the cardio equipment, please be honest and limit your use to 45 minutes on any particular machine.**
- 13. When utilizing the free weights and other equipment please be respectful and re-rack all of your weights and return equipment to proper location. When performing multiple sets, please be caring and let others "work through."**
- 12. Food is not permitted in Wellness Center. Beverages in bottles with lids may be brought into the wellness Center (no glass bottles). Chewing gum is prohibited.**
- 13. Use of an external personal trainer is prohibited. Only YMCA staff may provide personal instruction (with exception to licensed physical therapist).**

- 14. Please be responsible and wipe down equipment after each use.
- 15. Personal listening devices (i.e. MP3 players, cell phones etc.) with headsets are required. Digital tuning radios are recommended for FM transmitters. Please, no radios/boom boxes cell phones etc..
- 16. Members may change TV stations. Please be courteous to those around the TV before changing station and pick appropriate content for a public/Christian facility. Do not attempt to adjust sound equipment.

I have read and understand the above rules and regulations and how they pertain to me and my family.

Signature

_____/_____/_____

Date