Policies and Rules for the Wellness Center and Old Gym

HOURS:

Monday through Sunday -----5:30 a.m. to 10:00 p.m.

***Please abide by these hours so janitorial services can be completed!!!

***You <u>MUST</u> sign in when you enter and leave the wellness center and gym.

You may purchase a six month or one year membership.

MEMBERSHIP/GUEST RULE:

Menno Public School students ages 14 and up will be allowed to use the Wellness Center and Old Gym at no charge. They will be required to pay a deposit for a fob at the cost of \$25.00/family. Families wishing to use the Old Gym **only** may purchase a fob for \$25.00 and are not required to pay a Wellness Center membership fee. Fobs must be reactivated each year. **No one under the age of 14 is allowed in the wellness room.** Each paid member is entitled to <u>one</u> guest. Guests are not allowed with ownership of a fob only. If there is a need to bring more guests, contact a committee member listed below for approval. <u>Each guest needs to pay a \$2.00 visitation fee.</u> A family membership would allow as many guests as there are members in attendance at the wellness center. (4 family members – 4 guests) Please keep in mind that if the guests are under the age of 14, they may only use the old gym, but must be supervised by a member of the family 18 years of age or older.

USE OF OLD GYM:

The Wellness membership includes the use of the old gym for <u>walking</u>, <u>running</u>, <u>basketball</u>, <u>and volleyball</u>. Anyone under the age of 14 must be supervised by a wellness member 18 years of age or older. The old gym will be closed 1 hour prior to any event. **LOCKER ROOMS:**

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The locker rooms will not be available but bathrooms are located at the entrance to change clothes if needed.

FOOD AND DRINK:

There is to be no food or drink other than bottled or capped water in the wellness room. **LIGHTS AND RADIO:**

Please be mindful of the use of the lights, especially in the old gym. Only turn on lights needed and abide by the chart on the wall as to which lights to turn on. Personal music devices will be allowed with headphones only. Please be sure to turn everything off before you leave, and clean up and put away ALL equipment.

A Wellness Center member using a particular machine that needs to be used by a student athlete during that sport's practice time may be asked (by the student athlete) to use a different machine so that the student athlete can complete his/her training.

****Failure to abide by the above rules <u>will</u> result in termination of your membership and the loss of your fob and deposit.

Any questions, please feel free to contact any of the committee members listed below: Glenda Bohlmann, Katie Huber, Rachel Stokes, Sheila Wek, and Jim Woehl

Wellness Center/Gym Use Contract

Name			
Address			
City	State	Zip	
e-mail address			
Phone number			
Please circle the plan you	wish to have:		
HS student	college student	adult single	
married couple	family-Wellness	family-old g	ym only
Please check which plan	you are paying for:		
6 months	1 year	amount paid	
and/or Menno City/Schoo injury and agree that it with Community Wellness Cer My participation at the W is my responsibility to inf that failure to obey the po- the Menno Community W of any fees. I also unders current membership. I am misconduct, the repercuss	tendance and the use of the ol Gym could cause injury to ill be my sole responsibility nter and/or Menno Public S neter and/or Menno Public S cellness Center and/or Menno form those included in my ro- plicies and procedures <u>will</u> we vellness Center and/or Menno tand that I need to renew of a responsible to abide by the sion will be 1) loss of fob 2 a mind, use of these facilities	to me. I hereby assur- y and not that of the M School. I hereby rele School from any liabi- no City/School Gym. membership of this in result in the loss of n no City/School Gym. r return my fob at the e rules as stated. For) forfeit the deposit 3	me all risks of Menno ase Menno lity incurred in I understand it nformation, and nembership at without refund e end of my any B) replace

3 6 1	•
Member	signature
memoer	Signature

Date

Parent signature (required for student use)

Date