



The Corporation of the Township of
NORTH KAWARTHA

Fitness Centre – Membership Form

P.O. Box 550, 280 Burleigh Street
Apsley, Ontario K0L 1A0
(705) 656-4922
Fax: (705) 656-4446
www.northkawartha.on.ca

Name _____ Membership # _____

Address _____

Telephone (Home) _____ Cell _____

Telephone (Work) _____ E-mail _____

Emergency Contact _____ Phone _____

Medications _____

Medical Conditions (If none, state "none") _____

Orientation Completed ☐ Yes ☐ Declined Init. _____

Rates

Daily:	<input type="checkbox"/> Adult	\$8.00	<input type="checkbox"/> Youth/Student ¹	\$6.00
	<input type="checkbox"/> Senior ²	\$5.50	<input type="checkbox"/> Family ³	\$17.50
Week ⁴ :	<input type="checkbox"/> Adult	\$15.00	<input type="checkbox"/> Youth/Student ¹	\$12.50
	<input type="checkbox"/> Senior ²	\$10.00	<input type="checkbox"/> Family ³	\$34.00
Month:	<input type="checkbox"/> Adult	\$30.00	<input type="checkbox"/> Youth/Student ¹	\$25.00
	<input type="checkbox"/> Senior ²	\$20.00	<input type="checkbox"/> Family ³	\$68.00
Semi-Annual:	<input type="checkbox"/> Adult	\$140.00	<input type="checkbox"/> Youth/Student ¹	\$110.00
	<input type="checkbox"/> Senior ²	\$100.00	<input type="checkbox"/> Family ³	\$312.00
Annual:	<input type="checkbox"/> Adult	\$250.00	<input type="checkbox"/> Youth/Student ¹	\$190.00
	<input type="checkbox"/> Senior ²	\$175.00	<input type="checkbox"/> Family ³	\$552.00
Annual weekend ⁵ :	<input type="checkbox"/> Adult	\$150.00	<input type="checkbox"/> Youth/Student ¹	\$114.00
	<input type="checkbox"/> Senior ²	\$105.00	<input type="checkbox"/> Family ³	\$331.00

¹Youth/Student rates apply for members age 13 to 17 or with valid University/College Photo ID to age 25

²Senior rates apply for members age 65 and older

³Family is 2 adults and Youth/Student as described above, must be immediate family and live in the same household

⁴Weekly memberships consist of 7 consecutive days

⁵Annual weekend consist of 52 weekends, Friday 4 pm to Sunday 9 pm

For Office Use Only: (*mandatory items)

*Method of Payment: _____

Receipt # _____

*Par-Q and You Attached ☐ Yes ☐ No

*Doctor's Note Received ☐ Yes ☐ No

*Waiver ☐ Yes ☐ No

*Expiry Date: _____

*Date Received: _____

*Received by: _____

Membership # _____

Membership Card Received ☐ Yes ☐ No

Swipe Card Received ☐ Yes ☐ No

Swipe Card # _____

Code of Conduct

1. Members must follow all North Kawartha Community Centre rules and regulations
2. Knapsacks/Bags and Jackets are to be left in Change Rooms or Lockers, not near Equipment
3. The North Kawartha Community Centre and Fitness Centre are not responsible for lost or stolen items
4. Outdoor shoes are to be removed prior to entering Fitness Centre
5. Clean in-door running shoes are a must. No bare feet, crocs, sandals, work boots, etc
6. Proper fitness attire is required. I.E. no cut-off shorts, trousers with zippers (eg. jeans) are not permitted
7. No food, cans or glass bottles. Reusable or plastic bottles are permitted
8. The following is considered unacceptable conduct; foul language, spitting, grunting, use of chalk, and monopolizing a piece of equipment
9. Wipe down equipment after use
10. Put all equipment back in place after use
11. Members are responsible to bring their own towels
12. Members must respect the building, equipment, other patrons and North Kawartha Staff and Volunteers
13. Members must always have ID Card while in Fitness Centre or during Public Skating
14. Members must use Access Cards to access Fitness Centre
15. ID Cards and Access Cards are to be used by the Member only and must not be loaned to anyone. This practice will result in forfeiture of membership and fees
16. If Access Card or ID Card is stolen or lost, notify the Fitness Centre Staff immediately
17. Lost or Stolen Access Cards or ID Cards must be replaced at a cost of \$20 each to the member
18. Membership holds will be permitted as long as the member contacts the North Kawartha Fitness Centre on week prior to when the hold is to start. Members are then required to contact the Fitness Centre when reactivating their account. Holds can be for a maximum of 4 months for an Annual Membership or 2 months for a 6 Month Membership.
19. Contravention of the above Rules and Regulations may result in membership suspension or termination

Waiver

Understanding that Physical Fitness/exercise may result in injury and IN CONSIDERATION of the acceptance of my application and the permission to participate as a member of the NORTH KAWARTHA FITNESS CENTRE, I, for my self, my heirs, executors, administrators, successors and assigns HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE the Corporation of the Township of North Kawartha, the North Kawartha Community and Fitness Centre, and all other associations, sanctioning bodies and sponsoring companies, and all their respective employees, volunteers, agents, officials, servants, contractors, representatives, successors and assigns OF AND FROM ALL claims, demands, damages, costs, expenses, actions and causes of action, whether in law or equity, in respect of death, injury, loss or damage to my person or property HOWSOEVER CAUSED, arising or to arise by reason of my participation at the Fitness Centre, whether as spectator, participant, competitor or otherwise; whether prior to, during or subsequent to the event AND NOTWITHSTANDING that same may have been contributed to or occasioned by the negligence of any of the aforesaid.

I FURTHER HEREBY UNDERTAKE to HOLD AND SAVE HARMLESS and AGREE TO INDEMNIFY all of the aforesaid from and against any and all liability incurred by any or all of them arising as a result of, or in any way connected with my participation in the said event.

BY SUBMITTING this ENTRY, I ACKNOWLEDGE HAVING READ, UNDERSTOOD AND AGREED to the above WAIVER, RELEASE, and INDEMNITY. I WARRANT that I am physically fit to participate, exercise and work-out at the North Kawartha Fitness Centre.

Signature of Participant: _____ Date: _____

If under 18 years of age, Parent or Guardian to sign below

Signature of Parent/Guardian: _____ Date: _____

Personal information is collected under the Municipal Freedom of Information and Protection of Privacy Act for the purpose of registration and participation in the Township of North Kawartha Fitness Centre.

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.