

Dear Prospective Member,

Thank you for your interest in the South Hadley Maurice "Fitz" & Margaret Memorial Fitness Center.

The Fitness Center operates from 8:00am –4:30 pm Monday through Friday and specific evening hours.

Enclosed you will find information on membership opportunities for the Fitness Center as well as important information on membership policies. Memberships are available to South Hadley Seniors age 55+, South Hadley residents age under 55 and non-South Hadley Seniors 55+ years.

All new members are required to have an orientation to the Fitness Center on the 6 pieces of cardio equipment, the weights and the Medicine balls station to ensure the safety of the participant and the care of the equipment. Once you have completed your paperwork you will be called to schedule an appointment to be oriented on the use of the equipment.

Thank you for your interest in our Fitness Center. We believe you will have fun while at the same time maintaining a healthy routine in your day!

South Hadley Senior Fitness Center process to join

1. Carefully read and complete all forms. Physician's sign-off form may be faxed to **SHCOA 413-532-8206**. Please note that the Senior Center operates as a Fitness Center and not as a Rehabilitation Center.
2. Members will have an orientation based on their physician-approved equipment. The Senior Center is not responsible for lost, stolen or unattended personal items. Members will enjoy a non-judgmental environment.
3. Return completed forms only to Senior Center. Please keep informational forms for your files.
4. Forms will be reviewed. If all forms are complete, including the Physician's form, you will receive a phone call from the Senior Center to schedule an orientation appointment.
5. If we receive your Physician's form by fax or mail, we will contact you to let you know.
6. The membership is free for South Hadley Residents.
7. Non-residents pay \$8.00 per month; due on the 1st of the month.
If joining on the 15th of the month or after, pay \$4.00
8. **A Senior Center scan card is required to sign in.** Please request a scan card at the reception desk. Your orientation will last 30 minutes to an hour. Please ask questions!
9. There is a Council on Aging staff person available for *limited* hours most days for orientations and review. There will not be a staff member supervising the fitness center at all times.

Health Questionnaire Date _____

This information is confidential and will be used only by appropriate COA staff

Name: _____ D.O.B. _____ Sex: M / F Main phone _____

Address: _____ City, State and zip _____

Emergency Contact: Name: _____ Relationship: _____

Address: _____ Phone: _____

Doctor's name: _____ Phone: _____

Have you ever experienced any of the following during physical activity:

Shortness of breath, tightness in chest, lightheadedness, heart palpitations, shooting pain down arm, or jaw pain? Yes___ No___

How often do you exercise? _____

What do you do for exercise? _____

When was the last time you exercised? _____

Maurice "Fitz" & Margaret Fitzgerald Memorial Fitness Center

Participant's Agreement with the City of South Hadley

I, _____, hereby acknowledge that the activities offered through the South Hadley Council on Aging can be strenuous and have the capacity to exacerbate existing conditions, to cause injury or death. I hereby certify that I do not suffer from any condition which would preclude me from engaging in the activities of the South Hadley Council on Aging and that my answers to the questions set forth are true, complete and accurate. I have been advised to seek the advice of my physician to ascertain whether or not I should participate in the programs offered by the South Hadley Council on Aging, and to the extent that I have so inquired of my physician, I have been cleared to participate. In consideration of allowing me to participate in the programs offered by the South Hadley Council on Aging, I hereby release and forever discharge the City of South Hadley, its' employees, agents and officials of and from any liability for any personal injury or death that I may suffer arising out of my participation in a program. I further covenant that I shall not sue and that I shall not suffer or permit any suits on my behalf to be filed for any claims arising out of my participation in the programs offered by the South Hadley Council on Aging. This agreement shall be binding on my heirs, assigns, executors, administrators, and other representatives.

Signature

Date

Maurice "Fitz" & Margaret Fitzgerald Memorial Fitness Center Policies and Agreements

- Members must obtain a Senior Center scan card to sign in and schedule an appointment for an orientation to the Fitness Center and the 9 pieces of strength training and cardio equipment.
- If you have been a previous member of the Fitness Center but it has been over 2 months since you have participated, you must submit new forms:
 - Fitness Center Policies & Agreement
 - Participant's Agreement with the City of South Hadley
 - Health Questionnaire
 - Informed consent
 - Physician's authorization
- Please refrain from wearing strongly scented lotions, colognes or aftershaves in the Fitness Center.
- **Clean, appropriate footwear is to be worn during exercise. The shoes you wear to the Senior Center should not be worn in the Fitness Center. Athletic shoes are required. No boots or open toe or back shoes are allowed. This is a year-round requirement.**
- The SHCOA is not responsible for members' personal possessions such as wallets, keys or jewelry. Please leave valuables at home
- Beverages must be in a closed plastic container only. No food products in the Fitness Center.
- Members are responsible to wipe down equipment after use with towels and cleaners provided.
- **Members should be flexible with their exercise routine. Cardio equipment such as the bicycles, treadmills, elliptical trainers and ergometers should not be used for more than the default time (20 minutes) during peak Fitness Center hours. Peak hours are considered to be, but not limited to, Mon., Wed., and Fri. from 8:15am to 11:00am. If you are waiting for a cardio machine, let the person using it know you are waiting for it. Members who willingly monopolize cardio equipment may have their membership revoked.**
- Fitness Center. Non-payment or non-renewal means a participant does not have access to the Fitness Center.
- Personal trainers, physical or occupational therapists are not permitted to accompany a member in the Fitness Center.

By signing below I agree to abide by the above policies for the Maurice 'Fitz' & Margaret Fitzgerald Memorial Fitness Center.

Signature _____ Date _____

Print Name _____

Informed Consent for Fitness Center

To the best of my knowledge, I am healthy and able to use cardio equipment. I understand and confirm that I will choose the level of activity that will not harm me.

I hereby release the SHCOA, City of South Hadley, its agencies and its officers, employees or agents from any liability for my personal injury or otherwise, arising out of or in any way connected to my participation in this exercise program.

Signature: _____ Date: _____

Printed name: _____

Address: _____ Phone: _____

PHYSICIAN'S SIGN-OFF FORM

Physician: Please **check** which weight training machines and cardio equipment the potential exerciser **can or cannot** use: Refer to diagrams on attached pages for more information.

Name of patient: _____ Tel. _____

Address: _____ City/Town _____

Maurice "Fitz" & Margaret Fitzgerald Memorial Center Fitness Equipment

	<u>Yes</u>	<u>No</u>
Treadmill	_____	_____
Elliptical	_____	_____
Recumbent Bike	_____	_____
Upright Bike	_____	_____
Recumbent Stepper	_____	_____
Recumbent Elliptical	_____	_____
Free Weights	_____	_____
Medicine balls	_____	_____

My patient, named above, has no current unstable medical problems that would prohibit his or her participation in exercise incorporating the above approved weight lifting and cardio equipment.

Physician (print or stamp name) _____

Physician's signature _____ Date _____

Maurice “Fitz” & Margaret Fitzgerald Memorial Fitness Center

Cardio Equipment

All cardio equipment is outfitted with integrated contact heart rate monitors.
Large easy to read monitors deliver various options including time, speed, distance,
calories and target heart rate.



True Fit C400 Treadmill

- Minimum speed 0.2 MPH 0.3 KPH
- Patented HRC Cruise Control® and Soft System® deck



True Fitness CS900 Elliptical

- TRUE’s unique total-body workout walks users through upper-body, lower-body total-body workouts .
- Patented side steps allow for easy exit and entry of the machine, as well as isolated movements during the cardio workout.



Recumbent Cycle

- The R70 was designed with user comfort and convenience in mind.
- Step-thru entry allows easy access to the workout position, while the Club Comfort Arc™ seat with adjustable lumbar support keeps users comfortable.
- The remote toggle controls allow for easy adjustments to programming without letting go of the contact heart grips.



2 Octane Seated Ellipticals

- Lower Body: leg press, 20 seat height positions and 5 tilt Settings.
- Comfortable ergonomic seat, oversized pedals
- Upper Body: moving handlebars and handgrips, longer range of motion, chest press, straight 7 stationary handlebars.



- Single-stage direct drive system for efficient power transfer, low maintenance, and infinite levels of challenge.
- Telemetric Heart Rate Technology to measure heart rate in real time.
- Multi-position hand grips offer a variety of workout options.
- Multi-display LCD console with Calories, Watts, Time, Distance, Speed, RPM, and Heart Rate readouts .
- Optimized fan for high resistance and reduced noise.

Recumbent Stepper

- It features low starting resistance.
- Direct wheelchair access.
- Adjustable arm length and handle angle.
- Works out your Upper and Lower Body.

