

Dear Prospective Member,

Thank you for your interest in the South Hadley Maurice "Fitz" & Margaret Memorial Fitness Center. The Fitness Center operates from 8:00 a.m. –4:30 p.m. Monday through Friday and certain evening hours.

Enclosed you will find information on membership opportunities and policies for the Fitness Center. Memberships are available to South Hadley Seniors age 60+, South Hadley residents age under 60 and non-South Hadley Seniors 60+ years.

An orientation to the Fitness Center is required for all new members. Once you have completed your paperwork, you will be called to schedule your orientation.

Thank you for your interest in our Fitness Center.

South Hadley Senior Fitness Center Rules

1. Carefully read and complete all forms. 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.
3. Return completed forms to the Senior Center. Please keep informational forms for your files.
4. 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. If we receive your physician's form by mail or email, we will contact you to let you know.
5. Membership is free for South Hadley Residents.
6. Non-residents and persons less than 60 years old pay \$15.00/ month, due on the 1st of the month. If joining on the 15th of the month or after, pay \$8.00.
7. **A Senior Center scan card is required to sign in.** Please request a scan card at the reception desk. Your orientation will last 30 -60 minutes. Feel free to ask questions!
8. There is a Council on Aging staff person available for *limited* hours on most days for orientations and review. However, there will not be a staff member supervising the fitness center at all times.

**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.

Treadmill



Elliptical



Recumbent Bike



Recumbent Elliptical



Upright Bike



Health Questionnaire

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

Name: _____ D.O.B. _____ Main phone _____

Address: _____ City, State and zip _____

Email Address: _____

Emergency Contact: Name: _____ Relationship: _____

Address: _____ Phone: _____

Doctor's name: _____ Phone: _____

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: _____

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. Food products are not allowed in the Fitness Center.
- Members are responsible for wiping down equipment after use. Towels and cleaners will be 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.**
- 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 _____

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 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 _____