



Warsaw Wellness and Recreation Center - Membership Application

Circle Membership Type: *Individual Adult* *Couple/Family* *Senior (55+)* *Corporate* *Youth*
College Student (18-23) *Town Employee*

Applicant Name (primary member): _____ D.O.B.: _____

Employer: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Check here if you would like to receive text message updates

E-mail address: _____

Check here if you DO NOT wish to receive a monthly e-mail newsletter

Emergency Contact Name: _____ Relationship: _____

Phone: _____

Check here if you would like to reserve a locker (\$5 per month)

For Couple or Family Memberships please fill out information below:

Names of additional members	D.O.B.

STAFF USE ONLY Checked for residency

Staff Signature _____

RELEASE OF LIABILITY AND ASSUMPTIONS OF RISK AGREEMENT

The undersigned is the Membership Participant, or is the parent or legal guardian of the Membership Participant. The undersigned hereby states that s/he understands the activities that will take place in the Warsaw Recreation and Wellness Center, and that the Membership Participant is physically and mentally able to participate in this program. The undersigned recognizes, as with any activity, there is risk of injury. In the event that the Membership Participant sustains an injury in the facility, and the Town of Warsaw is unable to contact the appropriate person(s) to obtain consent for treatment, the Town of Warsaw and/or its employees or volunteers are authorized to take reasonable steps to obtain appropriate medical treatment. The Membership Participant and/or his/her parent or legal guardian shall be responsible for the cost of such treatment. The Undersigned releases the Town of Warsaw, the Warsaw Recreation and Wellness Center, its employees, agents, and assigns, from any claims including, but not limited to, personal injuries or damage to property that may arise from the use of the Wellness and Recreation Center and the equipment within the facility.

The Membership Participant may be photographed and videotaped while participating in recreation and wellness activities, and consent is given for the reproduction of such photos or videos for advertising and publicity.

I have read this release and understand all of its terms. I agree with its terms and sign it voluntarily.

Name (Please Print): _____

Signature: _____

(Parent/Guardian if User is under 18)

Date: _____

Authorization

I prefer to pay my membership dues as follows:

- A monthly bank draft Monthly fee \$ _____ Membership Start date: _____
- Six month's dues in advance Six Month Fee \$ _____ Monthly due date: _____
- A year's dues in advance Annual fee \$ _____

Checking account # _____

Routing # _____

Bank name _____

Bank address _____

City _____ State _____ Zip Code _____

Voided check/deposit slip received

Credit Card VISA MasterCard Discover AMEX

Card # _____ Expiration date _____ CVC Code: _____ (3 digit code on back)

By signing below, I agree to a monthly membership which renews each month, in which I must give a 30 days' written notice for membership cancellation. I also agree to pay off any past due amounts at the time of cancellation. I understand that my membership fees must be drafted and therefore I agree to allow my credit card to be charged monthly or to have the membership fee withdrawn from my checking/savings account by signing below.

I understand that if my payment is unable to be drafted due to insufficient funds, the Warsaw Wellness and Recreation Center will attempt to process my payment for up to 10 days. I understand that if my payment is not made within the 10 day grace period a \$10.00 late fee will be added to my account.

Signature: _____ Date: _____



Physical Activity Readiness Questionnaire (PAR-Q)

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. Since you are planning to become much more physically active than you are now, start by answering the seven questions below

If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Please read the questions carefully and answer each one honestly: circle YES or NO.

YES NO Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?

YES NO Do you feel pain in your chest when you do physical activity?

YES NO In the past month, have you had chest pain when you were not doing physical activity?

YES NO Do you lose your balance because of dizziness or do you ever lose consciousness?

YES NO 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?

YES NO Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?

YES NO Do you know of any other reason why you should not do physical activity (including pregnancy or temporary illness)?

If you answered YES to any of these questions...

Talk with your doctor by phone or in person BEFORE you start becoming more physically active. Tell your doctor about the PAR-Q and which questions you answered YES.

Please initial to indicate that you have received authorization to exercise from your physician. _____

The undersigned agrees that all information above is accurate.

Printed Name _____

Signature _____

Date _____

Warsaw Wellness and Recreation Center – New Member Entry Process

Please Read the information below and select which option(s) best suit your needs

Self-Guided Option

This option is for individuals who are familiar with exercise and exercise equipment and/or already have a current workout plan in place. If you choose this option you will be guiding yourself through your workout program without staff assistance. However, if at any point you have questions staff will be available to help you.

Staff Assisted Option

Our staff can serve as an excellent resource to help you meet your health and fitness goals. By selecting this option our staff will help you get started by providing an equipment orientation, fitness assessment, and a one on one personal training session. Selecting this option will also help our staff tailor an exercise program based on your current fitness goals and needs. You may select as many of the options you would like below as part of the staff assisted option

Equipment Orientation – You will be given a walkthrough of the exercise equipment at the Warsaw Wellness and Recreation Center. You will learn how to use, program, and properly adjust the exercise equipment for safe use.

Fitness Assessment – You will be given a fitness assessment to help identify your current fitness level as well as your strengths and weaknesses. A fitness assessment will include identifying your health & fitness goals, body composition, aerobic capacity, muscular strength and endurance, and flexibility. Once you have completed the assessment our staff will discuss your results with you and give you advice to help about how to accomplish your goals.

Personal Training Session - You will meet with one of our personal trainers to complete 1 free personal training session. A training session will consist of guiding you through a workout designed to help you meet your current health and fitness goals.

Monthly Support – Staff will check in with you monthly to find out how you are progressing. Staff may also help you re-evaluate your goals, if needed, in order to help you be successful. If at any point you feel you no longer need staff support, please let us know.