



LCHD Fitness Center - Member Registration and Agreement

LCHD Fitness Center – 1809 Lockwood – Tahoka, Tx – (806) 561-1340

Before engaging in exercise at the Lynn County Hospital District Fitness Center, you are required to complete this registration, pre-participation screening and agreement. The pre-participation questionnaire on page 2 is a self-guided tool designed to determine if medical clearance is necessary BEFORE beginning an exercise program. If it is deemed necessary for you to see your physician before beginning exercise, please make arrangements to do so and return to the Fitness Center with documentation of medical clearance. This is for your safety.

Today's Date: _____

First Name: _____ MI: _____ Last Name: _____

Gender: Male Female Date of Birth: ____/____/____ Age: _____

Phone: (____) _____ Email: _____

I would like to receive weekly email newsletter from Fitness Center (*updates, news, promotions*)

Mailing Address: _____ City: _____ Zip: _____

Emergency Contact: _____ Phone: (____) _____

Physician: _____ Phone: (____) _____

Medications: _____ (*attach list if necessary*)

Describe Your Current Physical Activity/Exercise Habits: (i.e. type, duration, frequency) _____

Lynn County Hospital District Fitness Center Member Consent to Exercise & Waiver

I, _____, have voluntarily enrolled in a program of physical activity including but not limited to strength training, stationary bicycling, fitness classes and the use of various aerobic-conditioning machinery offered by the Lynn County Hospital District Fitness Program. I, my heirs, executors, and legal representatives hereby release, remise and forever discharge Lynn County Hospital District (LCHD) and the agents, employees, and representatives from any and all manner of action or actions, cause or causes of actions, suits controversies, claims, demand and damages of every kind of character whatsoever, both to person and to property, which may arise in the future out of or in which any manner might or could arise of my exercise or participation in any exercise program at LCHD including, but not limited to, claims resulting from any negligent act or omission on behalf of LCHD. I also release and forever discharge LCHD, their agents, employees and representatives from any breach of warranty of fitness from particular purpose with regards to any exercise equipment, which I use at LCHD.

Member Signature

Date

Witness

Date

AHA/ACSM Health/Fitness Facility Pre-participation Screening Questionnaire

Assess your health status by marking all TRUE statements

History

You have had:

- * a heart attack
- * heart surgery
- * cardiac catheterization
- * coronary angioplasty (PTCA)
- * pacemaker / implantable cardiac defibrillator / rhythm disturbance
- * heart valve disease
- * heart failure
- * heart transplantation
- * congenital heart disease

***If you marked any of these statements, you must consult your physician or health care provider BEFORE engaging in exercise. (Please provide documentation of medical clearance BEFORE beginning a new exercise program)**

Symptoms

- You experience chest discomfort with exertion
- You experience unreasonable breathlessness
- You experience dizziness, fainting, or blackouts
- You experience ankle swelling
- You experience unpleasant awareness of a forceful or rapid heart rate
- You take heart medications

Other Health Issues

- * You have diabetes Type 1 OR Type 2
- * You have asthma or other lung disease
- You have a burning or cramping sensation in your lower legs when walking short distances
- You have musculoskeletal problems that limit your physical activity
- You have concerns about the safety of exercise
- You take prescription medications
- You are pregnant

Cardiovascular Risk Factors

- You are a man ≥ 45 yr
- You are a woman ≥ 55 yr
- You smoke or quit smoking within the previous 6 months
- Your blood pressure is $\geq 140/90$ mm Hg
- You do not know your blood pressure
- You take blood pressure medication
- Your blood cholesterol level is ≥ 200 mg \cdot dL⁻¹
- You do not know your cholesterol level
- You have a close blood relative who had a heart attack or heart surgery before age 55 (father or brother) or age 65 (mother or sister)
- You are physically inactive (i.e. you get <30 min of physical activity on at least 3 d per week)
- You have a body mass index ≥ 30 kg \cdot m⁻²
- You have pre-diabetes
- You do not know if you have pre-diabetes

If you marked two or more of the statements in this section you should consult your physician or health care provider soon as part of good medical care and progress gradually with your exercise program.

None of the above

You should be able to exercise safely without consulting your physician or health care provider.

Please notify the Fitness Center personnel if any of this information changes.

Lynn County Hospital District - Fitness Center Membership Policies

Welcome to the Lynn County Hospital District Fitness Center. In order for us to maintain a clean and efficient Fitness Center, and for all members to enjoy the same benefits, we ask that you follow the following Membership Policies. If you are unwilling to follow these established guidelines, your membership may be terminated. If a policy appears unfair please bring it to the attention of the Fitness Center Staff for review.

1. Application for membership will require the completion of this packet, to include "Consent to Exercise and Waiver", a brief "Pre-Participation Questionnaire", and "Membership Policies" forms. All personal information will be maintained in the Fitness/Rehab Services office and will not be shared without your written consent.
2. Membership rates are \$2.00 a day, \$20 a month for single and \$30 for a Couple; with \$15 for each addition family member, \$15 for 60 years of age and older. A "family member" is defined as a spouse or child who resides with you. Membership dues can be paid in cash, check or debit or credit cards only and are expected on the scheduled payment date; or upon entering for a "day pass", and should be paid at the Fitness Center front desk.
3. Due to liability issues, a child must be 16 years old to utilize the fitness center unless accompanied by a parent or guardian. No persons under the age of 12 are allowed to enter or use any equipment at the Fitness Center.
4. If you are currently a patient of the Physical Therapy Department, then use of the fitness center is free of charge as long as you remain a patient. Once you are discharged, then normal rates apply.
5. The Fitness Center is open Monday thru Friday, 5:00 a.m. to 9:00 p.m; and Saturday, 8:00 a.m. to 1:00p.m. , excluding holidays. Any deviation from normal operating hours will be posted as soon as possible.
6. Use of equipment is on a "first come basis". However, during the hours of 8:00 a.m. and 5:00 p.m. rehabilitation patients take priority on equipment and you may be asked to give up a particular piece of equipment so that a patient may utilize it first. If individuals are waiting to utilize a piece of equipment we ask that you limit your workout to 30 minutes.
7. Appropriate workout attire is required including closed toed shoes. Members wearing attire that is deemed inappropriate, (i.e. too revealing or having offensive printed material) will be asked to leave and return in more appropriate attire.
8. Lockers are available for daily use. You may check out a key for a locker at the front office. It must be returned daily. (if lost, a \$5 dollar fee will be assessed). Lockers are available for monthly rental. Rates are \$3.00 for a "small" locker and \$6.00 for a "large" locker. LCHD Fitness center reserves the right to terminate a client's locker rental for storage of items determined to be in violation of policy or disruptive to members and/or staff.
9. All Fitness Center members are required to sanitize equipment after use, return weights, dumbbells, and other equipment (i.e. stability balls) to original locations.
10. All Fitness Center members are asked to report damaged or non-functioning equipment, spills and other concerns to Fitness Center Staff immediately.
11. Fitness Classes rates are included in the Membership Fee and can be joined at any time. Schedule of Fitness Classes may change periodically and is subject to change at any time without advanced notice. Any deviation from normal fitness class schedule will be posted as soon as possible.
12. The Fitness Center owns a variety of fitness/exercise videos that members can check out at the front desk to use while at the gym. Videos can only be shown in the "Aerobics" room, using the Fitness Center's provided television and DVD device. Videos must be returned to the front desk, and cannot leave the Fitness Center. A replacement fee (based on replacement cost of video) may be assessed for lost or damaged videos.

RIGHT TO TERMINATE MEMBERSHIP: The LCHD Fitness Center Director, in coordination with the Lynn County Hospital District Administrator, reserve the right to terminate a client's membership for actions/behavior determined to be in violation of policy or disruption to others members and /or staff.

I, _____, agree to follow the Lynn County Hospital District Fitness Center Membership policies.

MEMBER'S SIGNATURE

DATE