

Bloomfield Fitness & Recreation Center

Non Refundable & Non Transferrable Membership

Membership Amount \$ _____

Expiration Date: ____/____/____

Name _____ Email _____

Mailing Address _____ City & State _____

Phone Number _____ Zip Code _____

EMERGENCY CONTACT:

Name _____ Phone # _____

Do you have a Business/Corporate Membership? YES NO

Name of Business or Corporation _____

Height _____	Weight _____	Birthdate ____/____/____	Age _____	Sex _____
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Name of Family Physician _____ Dr's phone # _____

YOUR FITNESS GOALS

- Improve Cardiovascular Fitness
- Lose Weight
- Lose Inches
- Gain Weight
- Firm up
- Improve Flexibility
- Other - Please List _____

CURRENT ACTIVITY LEVEL

- No exercise on a regular basis
- Minimal - up to 2 hours per week
- Moderate - 2 to 4 hours per week
- Very Active - more than four
- Training as Competitive Athlete

OPTIONAL - RISK FACTORS

HEART - CIRCULATORY SYSTEM

- Do you smoke?
- Do you consider yourself to be 20 or more pounds overweight?
- Have you been getting little or no exercise during the past 6 months?
- Is there any history of heart problems, before age 62, among your close relatives?
- Have you ever been diagnosed as having high blood pressure?
- Have you ever been diagnosed as having diabetes? Type I _____ Type II _____
- Have you ever been diagnosed as having a heart problem?
- Have you ever had a stroke?
- Are you currently taking medication for a heart or blood pressure related condition?

BACK

- Have you ever had a problem with your back?
- Have your ever had a back injury?
- Have you had back surgery?
- Are you having back problems at this time?

KNEES

- Have you ever had a knee injury?

_____ Have you had knee surgery?
_____ Are you having knee problems at this time?

SHOULDERS

_____ Have you ever dislocated your shoulder?
_____ Have you had shoulder surgery?
_____ Are you having any shoulder problems at this time?

GENERAL

Do you feel that you have any disabilities or limitations, not listed previously that may influence your ability to fully participate in the Fitness Center program? YES NO (**Please initial** _____)

If you answer yes, please explain:

Agreement and Release of Liability

1. In consideration of gaining membership or being allowed to participate in the activities and programs of the City of Bloomfield and to use its facilities, equipment, and machinery in addition to the payment of any fee or charge, I do hereby waive, release and forever discharge the City of Bloomfield, its elected officials, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above-mentioned facilities or arising out of my participation in any activities at said facility. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability from any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf of in any way arising out of or connected with my participation in any activities of the City of Bloomfield or the use of any equipment at the Bloomfield Fitness and Recreation Center. (**Please initial** _____)
2. I understand and am aware that strength, flexibility, and aerobic exercise, including the use of equipment, is a potentially hazardous activity. I also understand that fitness activities involve a risk of injury and even death and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I also understand that there is NO ORIENTATION prior to beginning my workouts that would have explained the proper usage of every machine in the Fitness Center and that the City of Bloomfield does not provide any oversight or monitoring of the Fitness Center. I also expressly assume and accept any and all risks of injury or death. (**Please initial** _____)
3. Do you have a heart condition and/or any other physical limitations or restrictions that would prevent you or make it difficult for you, or inhibit you in any form from using any of the machines that are used in the Bloomfield Fitness Center which include: *Universal* Seated Chest Press, Tricep Press, Leg Extension, Shoulder Press, Seated Leg Curl, Seated Row, Seated Leg Press, Pec Deck, Bicep Curl, Lateral Pull-down, Back Extension, Abdominal Crunch, Total Hip, Cable Crossover, Fitstep, Aero Recumbent Bicycle, Walker Treadmill, and Tredex Treadmill. *Schwinn* Airdyne Bicycles. _____ YES or _____ NO. (**Please initial** _____)
4. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation in any of the activities and programs of the City of Bloomfield or use of equipment or machinery except as hereinafter stated. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in and exercise/fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise, and use of exercise and training equipment so that I might have recommendations concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and have been given my physician's permission to participate, or that I have decided to participate in activity and/or use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities. (**Please initial** _____)

Date

Signature

City of Bloomfield
Fitness & Recreation Center
Rules & Regulations

(Please initial)_____ATTIRE

Shoes-Shoes are required! Tennis, jogging, basketball, or aerobic shoes are all acceptable. White soled shoes are required for the Gymnasium and Racquetball court. If anyone wears their shoes for street use, they will be required to clean them before entering the facility.

Shirts-A full shirt with sleeves is required. Tank tops, halter tops and half shirts are not allowed. Leotards with sleeves are also acceptable. (The shirt requirement is designed to protect the equipment by keeping it dry and clean.)

Pants-Shorts or long warm-up pants are acceptable.

Clothing with belts, zippers, metal snaps or rivets are not allowed! (It may cut the upholstery)

Do not have keys, pens, or pencils in your pockets while using the Center!

(Please initial)_____FOOD AND DRINK

No food, drink or gum is allowed in the Fitness Center, Gym, Racquetball Court or locker rooms!

(Please initial)_____RESTROOM, DRESSING ROOM, SHOWERS & LOCKERS

The dressing room facilities located in the Fitness Center are for use by Fitness Center members only. The lockers in the men's and women's locker rooms are for your use while you are using the Fitness Center. Please bring your own lock and do not leave money, keys, or valuables in an unlocked locker. When you have completed your workout, please remove your lock. No lockers can be used on a permanent basis. There are 64 lockers and hundreds of Fitness Center users. Locks left on lockers will be subject to removal without notification!

(Please initial)_____TOWELS

You must have a towel when you are using the Fitness Center. The towel will be used to wipe off the upholstery as you leave each machine or bicycle and to place between you and the weight machine or bicycle to keep the equipment as dry and clean as possible.

(Please initial)_____SMOKING

The Cultural Complex is a smoke-free building. Smoking is not permitted in any part of the building.

(Please initial)_____Children who are not members are not allowed in the Fitness Center at any time.