



Bloomfield Fitness & Recreation Center

Non-Refundable & Non-Transferrable Membership

Membership Amount \$ _____ **Membership/Card#** _____

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 _____ ||

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 or 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 of 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.
3. 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)** _____ ,
4. 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, Pee 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)** _____ ,
5. 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

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.

FITNESS CENTER RULES

EXERCISE AT YOUR OWN RISK

Serious injury can occur when using any exercise equipment. To protect your safety and the safety of others, please follow these precautions whenever using any equipment in this room.

- Youth under the age of 16 must be supervised and accompanied by a responsible adult. Children 12 or younger are not allowed.
- See your doctor to make sure your exercise program is suitable for you. Know that you are physically able to use the exercise equipment.
- Stop exercising if you feel pain, faint, dizzy, nausea, shortness of breath or any sign of illness or injury.
- Equipment must be properly used as stated by the manufacturer; in addition, read instructions on each piece of equipment for additional instruction.
- Safety clips must be used on treadmills
- Inspect equipment for defects or damage before using. Check cables and connections. Do not use any equipment you fear may be damaged or defective. Do not try to repair a machine yourself, call City Hall immediately at 632-6300, Monday thru Thursday from 7:00 a.m. to 5:30 p.m.
- If using weight equipment, use only the factory supplied increments in an appropriate manner. Do not put hands on or near the weight stack.
- Stand clear of equipment while in use by other members.
- Keep your body and clothing free from all moving parts.
- Notify City Hall of any safety concerns; if equipment should malfunction, do not attempt to repair but advise City Hall immediately at 505-632-6300, Monday thru Thursday from 7:00 a.m. to 5:30 p.m.
- Shirts and shoes must be worn at all times. No sandals or flip-flops.
- Please be watchful of your belongings. We are not responsible for lost or stolen items. Please lock your belongings in a locker.
- Wipe down equipment and headphones after use.
- No cell phone use on equipment.
- Notify City Hall if fitness center or bathrooms need cleaning at 505-632-6300.
- Non-members are not allowed (violators will be fined up to \$200) Video monitoring will ensure compliance.

I agree to follow the above rules: _____

Signature

Call 911 for an Emergency