

GENERAL INFORMATION		
Name:		
Date of Birth:	Age:	Phone:
Address:		Email:
City:	State:	Zip:
Insurance Carrier:	MINDBODY Key Card:	
Fitness Benefit Details:	Club GA FOB ID#:	
EMERGENCY CONTACT INFORMATION		
Name:		Relationship:
Home Phone:		Cell Phone:
Physician's Name/Clinic:		Clinic Phone:

Monthly Membership Type:

<input type="checkbox"/> \$45.00 Cardio/Strength & Gym	<input type="checkbox"/> SilverSneakers® ID#: _____
<input type="checkbox"/> \$50.00 Unlimited Pool	<input type="checkbox"/> Silver&Fit ID#: _____
<input type="checkbox"/> \$85.00 Cardio/Strength, Gym & Pool	<input type="checkbox"/> \$30.00/5 Visit Pool Punch Card
<input type="checkbox"/> RVL Tenant	<input type="checkbox"/> \$60.00/10 Visit Pool Punch Card

One-Time Fees:

<input type="checkbox"/> \$7.00 Guest Fee	<input type="checkbox"/> \$10.00 FOB fee
<input type="checkbox"/> \$_____ (Other: _____)	

Payment Type:

<input type="checkbox"/> Recurring Credit Card	<input type="checkbox"/> ACH (Automatic Withdrawal from account)
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*Cash/check only accepted for annual membership dues paid in full or for one-time fees.

Club GA's Membership Information

- Guardian Angels' Wellness Center Members must be at least **50 years of age**.
- Cardio/Strength and Gym Membership includes unlimited use of HUR strength equipment, cardiovascular equipment and exercise accessories; land-based group fitness classes and other programs within the Gym.
- Pool Membership is granted upon successful completion of Swim Assessment with wellness staff only and includes water-group fitness classes and other pool programming.
- Please remember to leave HUR Smartcards on the computer desk before exiting the Wellness Center. Failure to do so will result in a \$20 (+ tax) replacement fee.

Membership Fees Payment & Cancellation

- FOB Fees: Club GA is located within a securely locked building, therefore, all Club GA members residing outside of Riverview Landing are required to purchase a FOB to enter Club GA for \$10.00 each. If FOB is lost, notify staff immediately to deactivate the lost FOB. A \$10.00 fee will be charged for a replacement FOB.
- Guardian Angels' Wellness Center Membership fees are drafted every month from your initial start date until membership is terminated. ACH and recurring credit card payments are the only accepted forms of payment.
- Obligation to pay membership dues is not dependent upon usage of the Guardian Angels' Wellness Center, participation in Wellness Programs, or availability of or access to the Wellness Center.
- Your membership has no term obligation. If you choose to suspend or cancel your membership, simply submit a written and signed document or cancellation form a minimum 14 days prior to the termination date. If a written, signed document is not received within the 14 days, the following month will be charged the normal membership fee and membership will remain active until the following month.
- Failure to pay monthly dues will result in termination of membership.
- **SilverSneakers® and Silver&Fit members must** confirm benefit eligibility and provide Fitness ID# prior to start of membership. If visit claims are denied, member will be responsible for paying the monthly membership fees as indicated on page 1. It is the member's responsibility to confirm Medicare supplement health fitness benefit enrollment to cover Club GA fees.
- **All members must scan key card at Member Services desk each visit.**

Insurance Reimbursement

- If applicable, wellness participation incentives earned from your health insurance provider will be reimbursed into your personal bank account the 25th of the month after the incentive quota is met. This reimbursement will be issued directly from your insurance provider. It is important to know and comply with what your incentive plan requires and to complete online NIHCA Rewards enrollment.
- Please make sure to scan your key card each time you participate in any Wellness Center activity or program in order to receive proper credit for your incentive program.
- Club GA is not responsible for missed incentive credits or if there was a change in insurance fitness benefit without notifying staff.

Club GA's General Policies & Procedures

Policy statement: *It is the policy of Club GA to provide use of the Wellness Center to Riverview Landing tenants and the greater Otsego area community seniors.*

Procedure

- Requirements for use of the Wellness Center, including use of exercise equipment and participation in wellness programs.
 - All participants must have current Club GA membership
 - All members must have completed Health History Form, Exercise Waiver and Release of Liability form on file with Club GA
 - It is the expectation that participants who use the Wellness Center will do so independently.
 - Each individual utilizing Wellness Center must participate in an orientation and tour by a member of Club GA staff. The orientation is designed to familiarize the participant with the equipment and emergency procedures.
 - Club GA reserves the right to limit, restrict, or deny access to individuals in the Wellness Center.
- Hours of Operation: Club GA Strength/Cardio area and Gym will be open Monday-Friday, 8:00 am-4:30 pm, unless otherwise noted. Pool will be open Monday-Friday, 8:15 am-4:15pm. Hours of operation are subject to change.

Code of Conduct

- Proper Attire:
 - Shoes, shirt and shorts/pants are to be worn at all times.
 - Athletic shoes and comfortable clothing are highly recommended.
 - For safety reasons, open-toed shoes are not to be worn unless authorized by Wellness Staff.
 - Street shoes are not allowed to be worn in the Wellness Center space. Please bring separate shoes to wear while in the Wellness Center, and leave street shoes and other personal belongings in the Club GA cubbies.
- Common Courtesy While Using Wellness Center space
 - Profanity will not be tolerated.
 - Water (in a covered/capped container) is allowed. No other food or beverages are allowed in the exercise space.
 - Personal belongings (bags, coats, shoes, etc.) must be kept in the cubbies and/or coat rack in Member Services area.
 - Return all exercise equipment to the proper location when you are finished using it.
 - Wipe off equipment after use (please limit two disinfecting wipes per visit).
 - Limit cardio equipment to 20 minutes if another member is waiting.
 - Work cooperatively if more than one individual wishes to use a particular piece of HUR strength equipment at any given time.
 - If any exercise machines are not working, please notify Club GA staff immediately.
 - If a blood-related injury occurs, halt activity and notify Club GA staff immediately to administer treatment and activate biohazardous clean-up procedures.
 - Report all injuries to Club GA staff immediately.
 - Smoking, tobacco and alcohol are prohibited.

Guest Policy

- Adult Guest Qualifications:
 - In order for someone to use the Club GA Wellness Center as an adult guest (Minimum 18 years of age), they must be with a current member. Adult guests are not allowed to access the facility without the current member. Members will receive 3 free guest passes per year. Once a member's guest passes have been used, guests can purchase a daily pass for \$7.00.
- Requirements for Use of the Club GA Guest Policy
 - All guests of Club GA must sign a Release of Liability form prior to using the facility. **Guests may only utilize the Cardio/Strength & Gym areas.**
 - Guests do not have to adhere to the 50+ age policy *if their accompanying Club GA member is 50+*.
 - Guests must follow all the policies and procedures outlined in this document. Failure to follow these policies and procedures will result in termination of guest privileges.

Guardian Angels' Employee Policy

- Employees are to use the Wellness Center either before or after their work day, or when an employee has punched out over their lunch break. Employees are not permitted to utilize the Wellness Center during their 15 minute clocked-in breaks.
- Employees must be 18 years of age to obtain Club GA membership.
- If an employee wishes to have *dual membership*, either employee or membership partner (living in same household) must be 50+ years of age.

Emergency Policies & Procedures

- In the event that you or another individual becomes injured or experiences a medical emergency, please call 911 immediately and notify Club GA or other Guardian Angels' staff. For personal safety, do not attempt to assist or aid the injured party.
- It is the expectation that the participants who use the wellness center will do so independently.
- In case of severe weather, you will be asked to seek shelter in the nearest storm safe area, away from windows.
- In the event of a fire, or if you smell or see smoke, exit the building immediately.



NEW MEMBER PACKET

AGREEMENT, HEALTH HISTORY, LIABILITY RELEASE

Wellness Center & Exercise Program Waiver

I understand that the benefits from participating in an exercise program include learning more about lifestyle education pertaining to exercise.

I understand that there are risks involved with any exercise program. These risks include, but are not limited to: cardiovascular complications, stroke and muscle strain and/or soreness. I agree to participate voluntarily knowing these risks exist. I state that I am free of any medical conditions that present exercise as a contraindication, or that I have permission from my doctor to engage in physical exercise activity.

I realize that the use of wellness center is a privilege and failure to follow proper procedures and policies may result in the loss of this privilege.

I release Guardian Angels, Club GA and its associated personnel from any responsibility or liability for any injury or health consequences that may result from my participation in this program. My signature indicates that I have full knowledge of the purpose of this program, risks involved and the benefits I may expect. I agree to participate on this basis.

I have read the above information regarding Club GA Membership and Wellness Center & Exercise Program Waiver. I fully understand and accept responsibility for the information presented in this membership application.

Signature: _____ **Date:** _____

**American Heart Association®/American College of Sports Medicine®
Health History Questionnaire**

Name _____

Male Female Birthdate: / / Height: _____ Weight: _____

History - You have had:

- ___ 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

Symptoms

- ___ You experience chest discomfort with exertion.
- ___ You experience unreasonable breathlessness.
- ___ You experience dizziness, fainting, blackouts.
- ___ You take heart medications.

Other Health Concerns

- ___ You have musculoskeletal problems.
- ___ You have concerns about the safety of exercise.
- ___ You take prescription medication(s). What are they? _____

Cardiovascular Risk Factors

- ___ You are a man older than 45 years.
- ___ You are a woman over 55 years or have had a hysterectomy or are post-menopausal.
- ___ You have diabetes.
- ___ You smoke.
- ___ Your blood pressure is > 140/90.
- ___ You don't know your blood pressure.
- ___ You take blood pressure medication.
- ___ Your blood cholesterol level is > 240 mg/dl.
- ___ You don't know your cholesterol level.
- ___ You have a close blood relative who had a heart attack before age 55 (father or brother) or age 65 (mother or sister).
- ___ You are physically inactive (ie, you get < 30 minutes of physical activity on at least 3 days per week).
- ___ You are > 20 pounds overweight.

Other _____

___ None of the above are true.

AEROBIC ACTIVITIES

Are you currently involved in a routine of regular exercise (moderate continuous exertion of at least 20 minutes duration on at least 3 days each week?) If NO, go to the next section RESISTANCE TRAINING ACTIVITIES. yes no

How long have you been exercising regularly? ____yrs ____mos ____wks

How many workouts per week and average duration in minutes? ____/____

For the last month, which of the following activities have you performed regularly? Please mark all that apply and estimate the frequency and duration for those you marked. Please be as complete as possible.

____walking	frequency and average duration in minutes?	____/____
____jogging / running	frequency and average duration in minutes?	____/____
____treadmill	frequency and average duration in minutes?	____/____
____bicycling (outdoor)	frequency and average duration in minutes?	____/____
____cardio machine	frequency and average duration in minutes?	____/____
____swimming	frequency and average duration in minutes?	____/____
____aerobic dance/floor exercises	frequency and duration in min.?	____/____
____racquet sports	frequency and average duration in minutes?	____/____

RESISTANCE TRAINING ACTIVITIES

Are you currently involved in a muscle strengthening program? yes no

How many workouts per week and average duration in minutes? ____/____

If yes, please select all that apply:

calisthenics free weights weight training machines other

OCCUPATIONAL RELATED PHYSICAL ACTIVITIES

How active are you on most days? Please select one of the following:

- very light** – mostly sitting or standing
- light** – walking, light lifting, light packing some of the time
- moderate** – walking, light-moderate lifting/carrying, half of the time or more
- physical** – brisk walking, lifting/carrying heavy objects more than half the time

I have answered all above questions to the best of my knowledge and I agree that by withholding information I may be placing my health at risk.

Initial _____ Date _____





NEW MEMBER PACKET

AGREEMENT, HEALTH HISTORY, LIABILITY RELEASE

ID# _____

Release of Liability and Hold Harmless Agreement

1. I desire to use the *cardio/strength room, the gym, the group exercise space, and/or the warm water therapeutic pool* (the "Facilities") located at Club G.A. – Otsego. I understand and accept that use of *the Facilities* exposes me to a number of risks and dangers. I understand that my participation in wellness activities and use of *the Facilities* involves inherent risks of accidental injury, disease, strains, fractures, partial and/or total paralysis, death or other ailments that could cause serious disability, injuries from physical exertion, and serious injuries to other aspects of my general health and well-being.
2. Understanding the potential risks and consequences mentioned above, I hereby state that I am physically fit to use *the Facilities*.
3. I further state that I am at least 18 years of age and competent to sign this document. I have received a copy of the rules pertaining to use of *the Facilities*, and have read and agree to abide by such rules. In the event I permit a guest to use *the Facilities*, I will ensure that the guest reads and signs a copy of this Agreement prior to using *the Facilities*.
4. In consideration of the opportunity to participate in wellness activities at Club G.A., I personally assume all risks incident to the use of *the Facilities* and I waive, release and forever discharge Guardian Angels and Club G.A. and its officers, directors, agents, employees and representatives from all liabilities, losses, damages, claims, actions, causes of action, demands or costs of any nature whatsoever that may arise in connection with my use of *the Facilities*, whether caused by the negligence of Guardian Angels/Club G.A., its employees or agents or caused by some other means.
5. I further agree to indemnify and hold Guardian Angels and Club G.A., its officers, directors, agents, employees and representatives harmless from all liabilities, losses, damages, claims, actions, causes of actions, demands, or costs of any nature whatsoever that may arise in connection with my use of *the Facilities*, whether caused by the negligence of Guardian Angels/Club G.A. - Otsego, or its employees or agents, or caused by some other means.
6. Prior to signing this document, I have had an adequate opportunity to ask questions about it, and any questions I have had, have been answered to my satisfaction.
7. This Release Agreement shall be binding upon me, my heirs, and my personal representatives.

Participant Printed Name

Signature of Participant

Date

Wellness Center Staff Printed Name

Signature of Wellness Center Staff

Date

If you are a guest, please print the name of the sponsoring member: _____