



ROSE HILL RECREATION COMMISSION

24-HOUR FITNESS CENTER

MEMBERSHIP APPLICATION

OFFICE USE ONLY

DATE RECEIVED: _____

Membership Application

Release & Assumption of Risk

Policy Acknowledgement & Release

Physical Activity Readiness

Please fill out each blank completely, printing clearly in blue or black ink. (No pencil.)
 Other forms, including a health survey for each person, signed waivers, and a signed policies page, are also required.

SECTION 1 (For All Memberships)

Primary Member's Name:	Date of Birth: / /	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Home Address:	Mailing Address (if different):	
City: State: Zip:	City: State: Zip:	
Home Phone: ()	Alt Phone (work/cell): ()	
Email:	Key #:	
Emergency Contact Name:	Phone: ()	Relationship:

SECTION 2 (For Family Memberships Only)

Spouse's Full Name (Legally Married):	Date of Birth: / /	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Phone: ()	Email:	Key #:

Dependent Children 18 & under or full-time college students up to 22 years. Children 13-15 years must be accompanied by a parent/guardian at all times.
 No children under the age of 13 are permitted in the fitness center at any time.

Full Legal Name:	Date of Birth:	Gender:	School Attending (proof may be required):	Key # (Office use only)
1.	/ /	<input type="checkbox"/> M <input type="checkbox"/> F		
2.	/ /	<input type="checkbox"/> M <input type="checkbox"/> F		
3.	/ /	<input type="checkbox"/> M <input type="checkbox"/> F		
4.	/ /	<input type="checkbox"/> M <input type="checkbox"/> F		

SECTION 3 (For All Memberships)

<p>Individual Memberships (one person only):</p> <p><input type="checkbox"/> One Month: \$27</p> <p><input type="checkbox"/> Semi-Annual (6 months): \$112</p> <p><input type="checkbox"/> Annual (12 months): \$200*</p> <p>Family Memberships:</p> <p><input type="checkbox"/> One Month: \$39</p> <p><input type="checkbox"/> Semi-Annual (6 months): \$200</p> <p><input type="checkbox"/> Annual (12 months): \$372* BEST VALUE!</p>	<p>AVAILABLE DISCOUNTS: (may not be combined)</p> <p><input type="checkbox"/> Senior Citizen (60 and older): 10% off any membership</p> <p><input type="checkbox"/> City of Rose Hill or USD 394 or active military employee: Ask about Special Pricing</p> <p>Subtotal: \$ _____</p> <p>Discount: \$ _____</p> <p>Key Deposit(s): \$ _____</p> <p>TOTAL: \$ _____</p>
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* Annual Memberships also receive a 10% discount on all fitness classes!

I have enclosed cash. I have enclosed a check made out to RHRC

Please charge my credit card (circle one): Visa Mastercard Discover

_____ Exp. Date: _____

Total Charge: \$ _____ Signature: _____ CVV _____

OFFICE USE ONLY

PAYMENT AMOUNT: _____

CASH CHECK # _____

VISA MC DISC DEBIT

CARD LAST 4 DIGITS: _____

Rose Hill Recreation Commission Fitness Center Policies

Policies are subject to change at any time at the discretion of the Rose Hill Recreation Commission. A current copy of fitness center policies and rules will be posted on the display board by the entrance of the fitness Center at all times.

Age Limits

No one under the age of 13 years of age will be allowed in the fitness center at any time. Members ages 13 -15 years will be allowed to participate under a family membership plan only, and must be accompanied by a parent or guardian on the same membership plan. Anyone ages 16-17 years old will be allowed to purchase an Individual Membership as long as their parent signs all the appropriate paperwork. Any person age 18 or older will be allowed to purchase their own membership. If any of these rules are broken, we will revoke membership privileges with NO refund.

Members Only

Only paid members will be allowed to use the fitness center. Members are PROHIBITED from bringing guests into the fitness center unless they have purchased a guest pass PRIOR to access. Guests may purchase a daily usage permit during RHRC Office hours. If purchasing a family membership, only immediate family members, which include dependent children and spouses only in the current household who are 16 years and older will be allowed access to the fitness center. Any dependents over the age of 23 years or older must be legal dependants and claimed on your IRS income tax return. If your membership renewals are not paid, your key access will be turned off until fees are paid. It is the responsibility of each primary member to make sure fees are paid on time so access is not interrupted.

Daily Usage Fees

For those individuals who meet age requirements and do not want to purchase a membership plan, we will allow daily access during RHRC office hours only. The office is closed on weekends and holidays. The daily usage fee is \$5 per use. *Daily usage participants must complete the same forms and releases/waivers as members. If you buy another daily usage within the 30 day grace period, you will NOT be required to complete the registration packet again.* If there is a gap of 30 days or more between daily usage fee purchases, then you will have to complete a new registration packet.

Joiner Fee

There is a *ONE TIME* joiner fee of \$10 per membership plan, if you do not allow your membership plan to expire. There is a 30 day grace period from the date that your membership plan expires. *If you allow your membership to expire past the 30 day grace period, you will be required to complete a new registration packet and pay the \$10 joiner fee again.*

Access Key Fee

Each member will require at least one key to gain access to the fitness center. There will be a NON-REFUNDABLE fee of \$10 per key.

Registration

A completed registration packet including, membership form, policy agreement, assumption of risk/release, health participation questionnaire and medical release(if needed) must be submitted to the RHRC Office and all membership fees paid in full to use the fitness center. Your membership will begin from the date your access key is activated.

Health Participation Questionnaire

Every member of the fitness center must complete and pass a health participation questionnaire. If you answer YES to any of the questions on the questionnaire, you will be required to obtain a written doctor release.

Orientation

Every member is encouraged to attend a fitness center orientation. Although adult members are not required to attend an orientation it is highly recommended you attend an orientation session, especially if you have never exercised in a fitness center or are not familiar with the equipment. All members ages 13-17 are **REQUIRED** to attend an orientation with our instructor. The orientation is free and will be set up by the instructor at the time of registration.

Free Weights

Free weights and power rack can NOT be used unless users have a spotter. This excludes dumbbell usage.

Attire

The Rose Hill Recreation Commission fitness center is a family-friendly facility; please dress appropriately. Athletic shoes must be worn. Open-toed shoes are prohibited in the fitness center. *Shoes must be clean upon entering the fitness center.*

Participant Behavior

All fitness members must help create a friendly safe atmosphere in the fitness center at all times. Any altercations with other fitness members and/or RHRC Staff will not be tolerated and will result in the termination of fitness member privileges.

Security

The RHRC Fitness Center is under 24-hour surveillance. Whether you are working out, entering/leaving the building, your activities are recorded. This video system is for security purposes only. The surveillance system does not protect you from harm in or on the building premises. You must use caution when entering or leaving the building. A courtesy telephone is available if you feel threatened or witness suspicious activity. Do not allow access to individuals who knock on the door; doing so may put you or others at risk for injury or harm, and could result in you losing your membership privileges. Do not prop the door open for any reason.

Severe Weather

In case of severe weather, please follow the RHRC Fitness Center emergency plan posted on the display board by the entrance.

Injury and First Aid

In the event that you or someone else becomes injured:

- For minor injuries (cuts, abrasions, etc.), a first aid kit is located in the RHRC Fitness Center on the wall near the entrance.
- For serious injuries that need medical treatment, dial 911 from the courtesy phone.
- Report all injuries to the Rose Hill Recreation Commission during business hours. The phone number to the Rose Hill Recreation Commission is #776-9880.

Power Outages

The door to the fitness center has a fail safe which will allow you to exit the fitness center without power to the door strike. There are also emergency exit lights allowing you to see in case of a power outage.

Fire

In the event of a fire, or if you smell or see smoke, exit the building immediately and call 911 from a cell phone or nearby business or home.

Clean Up

All members must clean equipment after use. Disinfectant wipes are provided. All equipment (dumbbells, weights, and attachments) must be put away when finished. Please turn off equipment, televisions and lights when you leave and the room is empty. All members must wear clean shoes in the fitness center.

Violations or Damage

Members are required to report any violations of rules or damages to equipment and facilities to the RHRC Office during office hours or by calling #776-9880. Violations of any policies and rules BTLL result in memberships being revoked without a refund.

Membership Refunds

Membership fees are non-refundable or transferable. Special circumstances will be considered on a case by case basis. The Superintendent of Recreation for the Rose Hill Recreation Commission has final authority on this issue.

Insurance Statement

The Rose Hill Recreation Commission does not provide accident insurance for injuries sustained during RHRC activities or in RHRC facilities. Members and community participants participate in programs and use the facilities at their own risk, and are encouraged to have personal medical insurance coverage.

Miscellaneous

These policies are only a general description of RHRC Fitness Center policies; you must follow any other instructions provided to you by the trainer or by any other staff member, or posted signage. If you have any questions or concerns on how to use the equipment, please attend an orientation or ask a RHRC staff member or trainer, if available, or call the Rose Hill Recreation Commission at #776-9880. You must not use the equipment if uncertain how it works.

Rose Hill Recreation Commission
Fitness Center Policy Acknowledgement and Release Form

Member Acknowledgement & Release:

I acknowledge and agree that I have been provided a copy of the fitness center policies and rules. I understand and will abide by all policies listed and any posted rules and signage in the fitness center, or any directions from RHRC Staff or trainers and supervisors. I understand the risks; including serious injury and/or death associated with using exercise equipment and exercising alone without the aid of a trainer or supervision and without the presence of fitness center or RHRC staff on the premises. I hereby release and agree to indemnify the Rose Hill Recreation Commission, its officers, agents, board members, employees, instructors and their insurers from any incident that may arise out of or in connection with my using any of the equipment or facilities of the RHRC fitness center or any incident that occurs while using the fitness center's facilities.

Primary Member _____ Date _____

Printed Name _____

Member 2 _____ Date _____

Member 3 _____ Date _____

Member 4 _____ Date _____

Member 5 _____ Date _____

Member 6 _____ Date _____

For Rec Center members under the age of 18:

I hereby sign as parent /guardian of all minor children and agree that all minor children are covered by this release and that all minor children have been notified of all policies and rules governing this fitness center.

Parent/Guardian Signature _____



Rose Hill Recreation Commission
 24 Hour Fitness Center
 User Release and Assumption of Risk

I understand the risk of injury from RHRC Fitness Center activities and using any RHRC Fitness Center equipment is significant, including the potential for permanent paralysis and death. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown. I acknowledge that the FITNESS CENTER is unsupervised, and I assume all risks associated with using exercise equipment and exercising alone without the aid and presence of fitness center staff on the premises. I understand that the Rose Hill Recreation Commission runs and operates this fitness center and I HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE ROSE HILL RECREATION COMMISSION, their respective board members, officers, affiliates, agents and employees, other participants, sponsoring agencies, sponsors, advertisers and if applicable, owners and renters of premises used to conduct any sponsored events (Releasees), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, OR LOSS OR DAMAGE TO PERSON OR PROPERTY, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES or otherwise, that may arise out of or in connection with my using any of the equipment or the facilities of the fitness center or any incident that occurs while using the fitness center or engaging in any fitness-center activities on or off the premises or otherwise related to my use of the fitness center.

I expressly agree that this release is intended to be as broad and inclusive as permitted by the laws of Kansas, and if a portion of this release is held invalid, the balance shall remain in full force and effect. This release shall apply to my heirs, assigns, personal representatives and any other next of kin. I understand that the Rose Hill Recreation Commission is relying on this release to enter into this agreement.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS AND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Primary Member Signature _____ Date _____

Printed Name _____

Member 2 Signature _____ Date _____

Member 3 Signature _____ Date _____

Member 4 Signature _____ Date _____

For Rec Center members under the age of 18: I hereby sign as parent/guardian of all minor children and agree that all minor children are covered by this release.

Parent/Guardian Signature _____



Rose Hill Recreation Commission PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

Name: _____

Each person must be completed this questionnaire to gain access to the fitness center as a member or a daily guest.

Circle your response to each question.

- | | | |
|---|-----|----|
| 1. Do you have heart trouble? | Yes | No |
| 2. Do you have pains in your heart and/or chest? | Yes | No |
| 3. Do you feel dizzy or have spells of severe dizziness? | Yes | No |
| 4. Do you have high blood pressure? | Yes | No |
| 5. Do you have any bone or joint conditions such as arthritis that may be aggravated or be worsened by exercise? | Yes | No |
| 6. Are you over 65 and not accustomed to vigorous exercise? | Yes | No |
| 7. Are you clinically obese? | Yes | No |
| 8. Are you Pregnant? | Yes | No |
| 9. Is there any other reason or condition (not mentioned) which might require special attention in an exercise program (for example: asthma or diabetes)? | Yes | No |

If you have answered **YES** to one or more of the above questions, RHRC **REQUIRES** that you obtain a medical release from your doctor prior to participating in any fitness programs sponsored by the Rose Hill Recreation Commission, including access to the fitness center. RHRC has provided a medical release form on the back of this page. Please have your physician complete the release form and then return the form to RHRC.

I release the sponsoring agent, Rose Hill Recreation Commission, and all RHRC staff, volunteers, and board members from any responsibility or liability for any injury or health consequence that may result from my participation at this facility and from any responsibility and liability for any injury or health consequence that may result from any subsequent exercise or other activity that I engage in as a result of attending this facility.

Parent/Guardian of children under 18 years of age: I hereby sign as legal parent/guardian of all minor children under my guardianship and agree that they are covered by this release.

Signature

Printed Name

Date

Address

City, State, Zip Code

Telephone Number

**Rose Hill Recreation Commission
Medical Clearance/Release Form**

(name) _____ would like to enroll in a physical fitness or exercise program sponsored by the Rose Hill Recreation Commission. This activity or program may require intense physical activity or exercise that will accelerate the heart rate and use a wide range of body motions.

Please complete the following:

_____ This person has my recommendation to participate

_____ This person does NOT have my recommendation to participate

_____ This person has my recommendation to participate with the following modifications or restrictions:

Signature of Physician

Date

Printed Name

Phone #

**Rose Hill Recreation Commission
P.O. Box 46, 400 S. Rose Hill Rd
Rose Hill, KS 67133
Phone #(316) 776-9880
Fax # (316) 776-9733**

*Rose Hill Recreation Commission
Fitness Center Orientation Proposal*

Rose Hill Recreation Commission staff has explained and offered to provide a FREE Fitness Center Orientation from an RHRC Fitness Instructor. This orientation is offered to new members and the purpose is to teach members how to safely and properly use the equipment in the 24 hour fitness center.

_____ YES, I would like to have RHRC set up a FREE fitness center orientation.

_____ NO, I decline the opportunity for the RHRC to set up a FREE fitness center orientation. I will agree to follow all rules and policies and also use all equipment properly. At anytime in the future if I change my mind, I can call and schedule an orientation.

Member Signature

Date

Member Printed Name

Best Phone #

AUTHORIZATION FOR AUTOMATIC PAYMENT FORM
(Credit Card Account or Bank Account)



Customer Name: _____

Account Type: _____
(Bank Withdrawal, Visa, MasterCard, Discover)

Initial Charges: Membership Fees, Joiner Fee, Key Rental and Convenience Charge, if applicable are all due at the time of initial membership enrollment

Recurring Charges: \$ _____ Membership Renewal Fee

To be charged on the _____ Day of each Month starting _____

I hereby authorize Rose Hill Recreation Commission to charge the below referenced credit card account or selected bank account automatically each and every MONTH and apply said charge toward the payment of the charges I owe Rose Hill Recreation Commission. I understand that I will remain responsible for recurring charges and additional late fees should my credit card be canceled or otherwise made unavailable for payment. I further understand that I will remain responsible for recurring charges, additional late fees and other applicable charges if the withdrawal to the bank account I have listed above is denied for insufficient funds or the account otherwise becomes unavailable.

In the event I have selected to have automatic payments made from a bank account, I hereby authorize Rose Hill Recreation Commission to initiate automatic withdrawals via electronic fund transfer entries ("Entries") by means of the Automated Clearing House ("ACH"). I understand and agree to abide by the Operating Rules of the National Automated Clearing House Association ("NACHA") in existence as of the date of this Agreement and as amended from time to time (the "Rules") which govern all such transactions. I acknowledge that no Entries may be made that violate the Rules or the laws of the United States. I agree to indemnify the Originating Depository Institution ("ODFI") and any third party service providers involved in processing Entries made hereunder against all claim, demand, loss, liability, or expense including attorney's fees and costs that result directly or indirectly from my 1) failure to follow the Rules or 2) violations of law.

I understand charges will occur indefinitely until cancelled by contacting the RHRC office at least 5 business days before normally scheduled payment is to occur.

Signature: _____ Date: _____

Email: _____ Phone: _____

Credit Card: Visa MasterCard Discover

□□□□-□□□□-□□□□-□□□□

Exp Date: ____/____ CVV Code: _____ (3-digit on back of card)

OR

ACH Bank Withdrawal Account:

Routing # (9 digits)

□□□□□□□□□

Account #

□□□□□□□□□□