



# ROSE HILL RECREATION COMMISSION

## 24-HOUR FITNESS CENTER

### MEMBERSHIP APPLICATION

OFFICE USE ONLY	
DATE RECEIVED: _____	
<input type="checkbox"/>	Membership Application
<input type="checkbox"/>	Release & Assumption of Risk
<input type="checkbox"/>	Policy Acknowledgement & Release
<input type="checkbox"/>	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* <b>BEST VALUE!</b></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><b>TOTAL: \$ _____</b></p>

\* Annual Memberships also receive a 10% discount on all fitness classes!

<input type="checkbox"/> I have enclosed cash.	<input type="checkbox"/> I have enclosed a check made out to RHRC
<input type="checkbox"/> Please charge my credit card (circle one): Visa    Mastercard    Discover	
_____ Exp. Date: _____	
Total Charge: \$ _____	Signature: _____ CVV _____

OFFICE USE ONLY	
PAYMENT AMOUNT: _____	
<input type="checkbox"/>	CASH <input type="checkbox"/> CHECK # _____
<input type="checkbox"/>	VISA <input type="checkbox"/> MC <input type="checkbox"/> DISC <input type="checkbox"/> 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 be included on a family membership plan and be allowed in Fitness Center without adult supervision. Any person age 18 or older will be allowed to purchase their own membership. If 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 dependents 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 open Rec Center and office hours only. Office hours are Monday through Friday 8a.m. – 5p.m. 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.

### 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. Because this facility is new to RHRC staff, it *may* take up to **3 business days** after a completed registration packet is received to process your membership and activate your access key. 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 ***WILL*** 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 #7769880. You must not use the equipment if uncertain how it works.

***Rose Hill Recreation Commission***  
***Fitness Center Policy Acknowledgement and Release Form***

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**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.

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

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  
Member 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 OF 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 fitness center membership.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUPTION 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 \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Member 2 \_\_\_\_\_ Date \_\_\_\_\_

Member 3 \_\_\_\_\_ Date \_\_\_\_\_

Member 4 \_\_\_\_\_ 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

All members who will have access to the fitness center will need to complete this questionnaire.

Circle your response to each question.

- |   |     |    |
|---|-----|----|
| 1. Has your doctor ever told you that 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.***

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Printed Name	Signature	Date
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Address

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City, State, Zip Code

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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:

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**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  
Email: natalie@rosehillrec.com**

*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.

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Member Signature Date

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Member Printed Name Best Phone #



