



The Corporation of the Township of
NORTH KAWARTHA
 Parks and Recreation Department
 Fitness Centre Membership Form

P.O. Box 550, 280 Burleigh Street
 Apsley, Ontario K0L 1A0
 (705) 656-4445
 Fax: (705) 656-4446
 Toll Free: 1-800-755-6931
 www.northkawartha.ca

Name _____ Date of Birth (dd/mm/yyyy) _____

Address _____

Telephone (Home) _____ Cell _____

Telephone (Work) _____ Email _____

Emergency Contact _____ Phone _____

Medications (If none, state "none"): _____

Medical Conditions (If none, state "none"): _____

Orientation Required? Yes Declined Init. _____

Classes Only New Membership Membership Renewal

Membership Rates

Daily:	<input type="checkbox"/> Adult	\$9.00	<input type="checkbox"/> Youth/Student ¹	\$7.00
	<input type="checkbox"/> Senior ²	\$7.00	<input type="checkbox"/> Family ³	\$20.00
One Month:	<input type="checkbox"/> Adult	\$34.00	<input type="checkbox"/> Youth/Student ¹	\$29.00
	<input type="checkbox"/> Senior ²	\$23.00	Family ³	\$77.00
Three Months: (Quarterly)	<input type="checkbox"/> Adult	\$90.00	<input type="checkbox"/> Youth/Student ¹	\$73.00
	<input type="checkbox"/> Senior ²	\$68.00	<input type="checkbox"/> Family ³	\$198.00
Six Months: (Semi-Annual)	<input type="checkbox"/> Adult	\$160.00	<input type="checkbox"/> Youth/Student ¹	\$125.00
	<input type="checkbox"/> Senior ²	\$115.00	<input type="checkbox"/> Family ³	\$355.00
Twelve Months ⁴ : (Annual)	<input type="checkbox"/> Adult	\$285.00	<input type="checkbox"/> Youth/Student ¹	\$215.00
	<input type="checkbox"/> Senior ²	\$200.00	<input type="checkbox"/> Family ³	\$625.00

Please note: There is a \$20 fee associated with the swipe card, if lost or stolen. Please retain the card if you are planning on renewing your membership. Otherwise, please return the swipe at the end of your membership.

¹Youth/Student rates apply for members age 13 to 17, or with valid University/College Photo ID to age 25.

Students age 13 to 15 must be accompanied by an adult.

²Senior rates apply for members age 65 and older.

³Family is defined as 2 adults and immediate family members living in the same household. Youth/Student as described above. Students age 13 to 15 must be accompanied by an adult.

⁴Annual includes 10% discount on Fitness Classes.

A membership does **not** include a guest. Each "visitor" must purchase a membership and fill out requisite forms.

*Par-Q and You Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No	*Date Received: _____
*Waiver	<input type="checkbox"/> Yes <input type="checkbox"/> No	*Expiry Date: _____
*Doctor's Note Received	<input type="checkbox"/> Yes <input type="checkbox"/> No	*Received by: _____
Swipe Card Activated	<input type="checkbox"/> Yes <input type="checkbox"/> No	Swipe Card # _____

Code of Conduct

1. Members must follow all North Kawartha Community Centre rules and regulations.
2. Knapsacks/Bags and Jackets are to be left in Change Rooms or Lockers, not near Equipment.
3. The North Kawartha Community Centre and Fitness Centre are not responsible for lost or stolen items.
4. Outdoor shoes are to be removed prior to entering Fitness Centre.
5. Clean in-door running shoes are a must. No bare feet, crocs, sandals, work boots, etc.
6. Proper fitness attire is required. I.E. no cut-off shorts, trousers with zippers (eg. jeans) are not permitted.
7. No food, cans or glass bottles. Reusable or plastic bottles are permitted.
8. The following is considered unacceptable conduct: foul language, spitting, grunting, use of chalk, and monopolizing a piece of equipment.
9. Wipe down equipment after use.
10. Put all equipment back in place after use.
11. Members are responsible for providing their own towels.
12. Members must respect the building, equipment, other patrons and North Kawartha Staff and Volunteers.
13. Members must use Swipe Cards to access Fitness Centre.
14. Swipe Cards are to be used by the Member only and must not be loaned to anyone. Contravention of this practice will result in forfeiture of membership and fees.
15. If Swipe Card is stolen or lost, notify the Fitness Centre Staff immediately.
16. Lost or Stolen Swipe Cards must be replaced at a cost of \$20 to the member.
17. Membership holds will be permitted as long as the member contacts the North Kawartha Fitness Centre one week prior to when the hold is to start. Members are then required to contact the Fitness Centre when re-activating their account. Holds are allowed once per year, up to a maximum of 4 months for an Annual Membership.
18. Contravention of the above Rules and Regulations may result in membership suspension or termination.
19. Students age 13 to 15 must be accompanied by an adult.

Waiver

Understanding that Physical Fitness/exercise may result in injury and IN CONSIDERATION of the acceptance of my application and the permission to participate as a member of the NORTH KAWARTHA FITNESS CENTRE AND FITNESS CLASSES, I, for my self, my heirs, executors, administrators, successors and assigns HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE the Corporation of the Township of North Kawartha, the North Kawartha Community and Fitness Centre, and all other associations, sanctioning bodies and sponsoring companies, and all their respective employees, volunteers, agents, officials, servants, contractors, representatives, successors and assigns OF AND FROM ALL claims, demands, damages, costs, expenses, actions and causes of action, whether in law or equity, in respect of death, injury, loss or damage to my person or property HOWSOEVER CAUSED, arising or to arise by reason of my participation at the Fitness Centre, whether as spectator, participant, competitor or otherwise; whether prior to, during or subsequent to the event AND NOTWITHSTANDING that same may have been contributed to or occasioned by the negligence of any of the aforesaid.

I FURTHER HEREBY UNDERTAKE to HOLD AND SAVE HARMLESS and AGREE TO INDEMNIFY all of the aforesaid from and against any and all liability incurred by any or all of them arising as a result of, or in any way connected with my participation in the said event.

BY SUBMITTING this ENTRY, I ACKNOWLEDGE HAVING READ, UNDERSTOOD AND AGREED to the above CODE OF CONDUCT, WAIVER, RELEASE, and INDEMNITY. I WARRANT that I am physically fit to participate, exercise and work-out at the North Kawartha Fitness Centre.

Signature of Participant: _____ Date: _____

If under 18 years of age, Parent or Guardian to sign below

Signature of Parent/Guardian: _____ Date: _____

Personal information is collected under the Municipal Freedom of Information and Protection of Privacy Act for the purpose of registration and participation in the Township of North Kawartha Fitness Centre and Fitness Classes.

PAR-Q & YOU

(A Questionnaire for People Aged 15 to 69)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. Has your doctor ever said that you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor?
<input type="checkbox"/>	<input type="checkbox"/>	2. Do you feel pain in your chest when you do physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	3. In the past month, have you had chest pain when you were not doing physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	4. Do you lose your balance because of dizziness or do you ever lose consciousness?
<input type="checkbox"/>	<input type="checkbox"/>	5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
<input type="checkbox"/>	<input type="checkbox"/>	7. Do you know of <u>any other reason</u> why you should not do physical activity?

If
you
answered

YES to one or more questions

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

- You may be able to do any activity you want — as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

NO to all questions

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- start becoming much more physically active — begin slowly and build up gradually. This is the safest and easiest way to go.
- take part in a fitness appraisal — this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

DELAY BECOMING MUCH MORE ACTIVE:

- if you are not feeling well because of a temporary illness such as a cold or a fever — wait until you feel better; or
- if you are or may be pregnant — talk to your doctor before you start becoming more active.

PLEASE NOTE: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

Informed Use of the PAR-Q: The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

No changes permitted. You are encouraged to photocopy the PAR-Q but only if you use the entire form.

NOTE: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

"I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction."

NAME _____

SIGNATURE _____

DATE _____

SIGNATURE OF PARENT _____

or GUARDIAN (for participants under the age of majority)

WITNESS _____

Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.



**NORTH KAWARTHA PARTICIPANT ACKNOWLEDGEMENT,
RELEASE, INDEMNITY, AND ASSUMPTION OF RISK REGARDING COVID-19**

A. I, _____; or
(use A if 18 years or older)

B. I/We, _____ being the parent(s)/legal guardian(s) of
_____ (herein "my/our child")

(complete B if participant is under 18 years)

hereby acknowledge and agree that, in consideration of:

A. my participation; or

B. the participation of _____
(complete B if participant is under 18 years)

in activities ("**Activities**") organized or operated by The Township of North Kawartha:

Figure Skating Club _____ **Fitness Centre Member** _____ **Gymnastics** _____

Other _____

1. I/We acknowledge that the World Health Organization has classified the Coronavirus Disease ("**COVID-19**") outbreak as a global pandemic and am/are aware of the risks of COVID-19. I/We specifically acknowledge and agree that I am/we are aware of the risks to personal health, including by the failure to follow physical distancing protocols, flowing from COVID-19, and that I am/we are assuming, on my own behalf and, if signing on behalf of a participant under 18 years, on their behalf, all health risks and adverse health related consequences caused by or arising from engaging in any Activities (the "**Assumed Risks**").
2. I/We acknowledge that the Organizers are implementing the **Ontario COVID-19 Protocols** ("**Protocols**"). I/We specifically acknowledge and agree that I am/we are aware of Protocols, that I/we will abide by the Protocols, and that the Protocols are subject to all federal, provincial and municipal laws, regulations, by-laws and orders as they may exist from time to time.
3. I/we hereby release the the Corporation of the Township of North Kawartha, and all other associations, sanctioning bodies and sponsoring companies, and all their respective employees, volunteers, agents, officials, servants, contractors, representatives, successors and assigns and volunteers ("**Releasees**") from all liability, recourse, proceedings, claims, and causes of action of any kind whatsoever, in respect of all damages, personal injuries, death, or property losses which I/we may suffer arising out of or connected with the Assumed Risks, the content or implementation of the Protocols (including without limitation the conduct of any screening of any individual), and the preparation for, or participation in, the Activities, notwithstanding that any such losses were caused solely or partly by the negligence of any of the Releasees.

4. I/we do hereby agree to indemnify and hold harmless the Releasees from any and all damages or losses of any kind as a result of any and all claims, demands, causes of action of any kind whatsoever including those involving negligence on the part of any of the Releasees that may be made or initiated by, or on behalf of my/our child, arising out of or connected with the Assumed Risks as they relate to me/us and/or my/our child, the content or implementation of the Protocols as they relate to me/us and/or my/our child, and my/our child's preparation for and/or participation in any of the Activities.
5. And, I/we hereby acknowledge and agree:
- (a) that I/we understand that none of the Releasees assumes any responsibility whatsoever for my safety or the safety of my/our child during the course of any preparation for or participation in the aforesaid Activities;
 - (b) that I/we will comply with the implementation of the Protocols and that any failure on my/our part (or on the part of my/our child) to comply with the Protocols and their implementation may have consequences (including without limitation a withdrawal of permission for me or my/our child to participate in an Activity or Activities) and could jeopardize relevant insurance coverage;
 - (c) that I/we understand that the implementation of the Protocols may involve the collection, use and disclosure of personal information about me or my/our child and I consent to same;
 - (d) that I/we have carefully read this ACKNOWLEDGEMENT, RELEASE, INDEMNITY, AND ASSUMPTION OF RISK that I/we fully understand same, and that I am/we are freely and voluntarily executing same;
 - (e) that I have been given the opportunity and that I am encouraged to seek independent legal advice prior to signing this document;
 - (f) that I understand that the Organizers would not permit me or my/our child to participate in any Activities unless I signed this ACKNOWLEDGEMENT, RELEASE, INDEMNITY, AND ASSUMPTION OF RISK, which applies to all Activities whether occurring in the near or distant future and that the terms of this document need not be brought to my attention each time I participate in a Program in order for it to be effective;
 - (g) that the term Activities as used herein includes, without limiting the generality of that term, training sessions, clinics, and events that are in any way authorized, sanctioned, organized or operated by any of the Organizers on its own or together with another, or to which The Township of North Kawartha has issued a permit;
 - (h) that this ACKNOWLEDGEMENT, RELEASE, INDEMNITY, AND ASSUMPTION OF RISK agreement is binding on myself, my heirs, my executors, administrators, personal representatives and assigns.

Date: _____ / _____ /20 __

Participant's Signature

(I am 18 years old or older: if not, Parent(s) or Legal Guardian(s) must also sign below)

Parent's(s') or Legal Guardian's(s') Signature

Relationship: Parent(s)_____ or Legal Guardian(s)_____