

Fitness Centre Membership Form: 2025

All members and their guests must READ & COMPLETE this form prior to using the fitness centre
All information provided remains confidential, and will be used for the purpose of entering
membership information into the Municipality of Powassan registration system.

Member / Guest Information:

First Name: _____ **Address:** P.O. Box: _____ Street: _____

Last Name: _____ **City:** _____

E-mail: _____ **Postal Code:** _____

Main Telephone Number: (____) _____ **Other Telephone Number:** (____) _____

Birthdate: _____ (mm/dd/yyyy) **Age:** _____ **Gender:** _____

-If Under 18: Name of Accompanying Adult Member: _____

-If Guest: Name of Accompanying Fitness Centre Member: _____

Please provide three PIN CHOICE options: This is used to exit the fitness center, via keypad, if your Fob is forgotten in the
changeroom. (4 digits) 1. _____ 2. _____ 3. _____

LOCKER RENTAL: Additional fee of \$25 for a 12-month rental. **Would you like a locker?** _____

Emergency Contact Information:

First Name: _____ **Address:** P.O. Box: _____ Street: _____

Last Name: _____ **City:** _____

E-mail: _____ **Postal Code:** _____

Main Telephone Number: (____) _____ **Other Telephone Number:** (____) _____

Relationship to Member (i.e., Spouse/Parent/Guardian) _____

Physical Activity Readiness Questionnaire (PAR-Q)

Please read the following questions carefully and answer each on honestly. Check 'yes' or 'no'.

1. Has your doctor ever said that you have a heart condition and that you should only engage in exercise prescribed by a doctor? Yes No
2. Do you feel pain in your chest when you engage in physical activity? Yes No
3. In the past month, have you had chest pain when you were not doing physical activity? Yes No
4. Do you lose your balance due to dizziness or ever lose consciousness? Yes No
5. Do you have a bone or joint problem that could be made worse by a change in your physical activity? Yes No
6. Is your doctor currently prescribing drugs for your blood pressure or a heart condition? Yes No
7. Are you 70 years of age or older? Yes No
8. Are you pregnant? Yes No
9. Do you know of any other reason why you should not engage in physical activity? Yes No

If you answered 'yes' to one or more questions:

You must have your doctor complete and sign the consent form (Page 4) and return this form to the fitness centre before becoming a fitness member.

Date: _____ **Signature:** _____

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FITNESS CENTRE SAFETY STANDARDS & RULES OF USE: PLEASE READ CAREFULLY & SIGN

1. The Fitness Centre at 250 Clark is an unstaffed facility, as such, the building including the Fitness Centre and Gymnasium is under video surveillance 24 hours a day. The municipal data retention policy dictates the length of time videos are stored and under what circumstances video is turned over to the Ontario Provincial Police.
2. Photography is strictly prohibited in the change rooms. Anyone caught taking images in the change rooms will immediately lose membership privileges with no refund.
3. Please do not make calls in the Fitness Centre; take your calls in the main hallway outside the Fitness Centre.
4. Members must be 15 years old with an accompanying adult member, or 18 years of age unaccompanied. Guests of members must be 15 years of age or older – identification will be required at registration.
5. Access to the Fitness Centre is provided exclusively to Fitness Members in good standing, or registered guests. No guests are allowed until they have completed a registration form and have spoken to a 250 Clark staff member prior to their visit.
6. Please do not allow access to the Fitness Centre to anyone; those found providing access to non-members will have their Fitness Centre privileges revoked immediately.
7. Members will access the facility with a key fob; for your security, key fobs will be required to access the building, the changerooms, and the Fitness Center. For this reason, your key fob must always be on you.
8. Please contact the Front Office for any lost or stolen fob keys. Replacement fob keys can be provided for a fee.
9. Please use the lockers in the fitness centre change rooms for your personal items; locks may be placed on lockers for the duration of your work-out; however, locks left longer than 72 hours will be cut off and items inside the locker will be placed in the lost and found. A 12-month Locker rental is available for a fee.
10. Personal items are not permitted inside the fitness centre as added clutter causes unnecessary tripping hazards for members.
11. Please always wear appropriate exercise attire. Shirts must always be worn. Proper exercise footwear is always required; no outdoor footwear, open-toed shoes, open-backed shoes, boots, sandals, or casual shoes are allowed. Failure to comply will result in denial to workout.
12. Please respect the equipment: DO NOT BANG or DROP the weights on the equipment or floor. Weight plates are not to be leaned against equipment stands, walls or machines. Please replace weights, dumbbells, bands, and other equipment in the appropriate location after use.
13. Please wipe down all equipment after use. Spray bottles and paper towel are located at various locations for this purpose. Deposit used paper towels in the proper receptacle.
14. Please do not slide or lift equipment. Equipment may not be removed from the Fitness Centre by members.
15. Members and Guests are not permitted to bring their own equipment into the Centre.
16. Please respect the neighboring members; do not disrupt or interfere in another member's workout. Do not leave towels, lanyards, or water bottles in the way of another user or impeding the use of a piece of equipment in anyway. Members may not "hold" equipment for friends. First come, first serve basis; however, it is requested that members respect that another member may be waiting to utilize a piece of equipment.
17. Horseplay, profanity, racist or sexist comments will NOT be tolerated.
18. Please observe proper personal hygiene out of respect for other members. Showers are available for member usage. Showers have a preprogrammed temperature and will run for a preset amount of time.
19. No food or drinks are allowed in the Fitness Centre except for water bottles.
20. Please NO use of chalk or other powders or scents.

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- 21. Members who participate in activities at the Fitness Centre in 250 Clark do so at their own risk. The fitness centre at 250 Clark, the Corporation of the Municipality of Powassan and their staff or volunteers, are not responsible for any injury that may occur to individuals participating in any exercise activity. Participation in exercise activity is on a voluntary basis.
- 22. The Corporation of the Municipality of Powassan reserves the right to revoke privileges to anyone found to be in breach of the Rules of Use of the Fitness Centre.
- 23. The Municipality of Powassan reserves the right to restrict access to the Fitness Centre from time to time and will endeavour to provide reasonable notice to members.

I, _____ (sign) **have read the preceding "Fitness Centre Safety Standards & Rules of Use" and agree to abide by them.** **Date:** _____ (mm/dd/yyyy)

WAIVER: [PLEASE READ CAREFULLY AND SIGN BELOW](#)

I, _____ (print), hereby release the Corporation of the Municipality of Powassan, its employees, and its volunteers from any and all claims or any damages whatsoever arising out of any accident or injury which may be caused by or results from my participation while engaging in activities at/or sponsored by any of the Municipality of Powassan's properties. I further agree that I, the undersigned, have no knowledge of any physical illness or disability that through my participation could prove dangerous or hazardous to my health.

I have been provided with the Fitness Centre Safety Standards & Rules of Use and agree to abide by them.

I understand that there are no fitness staff on duty during operational hours, and I am aware that I should exercise caution when using fitness equipment and/or engaging in a fitness activity with which I am unfamiliar.

The municipality of Powassan reserves the right to suspend or revoke any fitness membership in the event of inappropriate behaviour and/or failure to follow Fitness Centre policies by the member and/or guest.

By signing your name below, you agree to the above. You agree that you had the opportunity to seek legal advice if you chose and were not under any time constraints to submit this form.

Member/Guest Signature: _____ **Date:** _____ (mm/dd/yyyy)

Parent/Guardian Signature (if under 18): _____ **Date:** _____ (mm/dd/yyyy)

OFFICE USE ONLY:	Member <input type="checkbox"/>	Guest <input type="checkbox"/>	Staff Member Registering Client: _____
If Under 18, is accompanying adult membership in good standing? _____		Proof of I.D. taken? _____	
Physician Physical Activity Consent form required? _____			
FOB #: _____	Charged for FOB (\$15): _____		
PIN Chosen: _____	Membership # _____		
Requests Locker? _____ (\$25 annually)	Locker #: _____	Locker Expiry: _____ (mm/dd/yyyy)	
Membership Type: <input type="checkbox"/> Monthly (\$25 + tax) <input type="checkbox"/> Annually (Adult 18+ = \$250 + tax / Youth 15-17years \$105+tax)			
<input type="checkbox"/> PAR requested (give PAR sheet) <input type="checkbox"/> In-person payments			
Membership Start Date: _____ (mm/dd/yyyy)		Membership Expiry: _____ (mm/dd/yyyy)	

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Physician's Physical Activity Consent

P.O. Box 250
250 Clark St.
Powassan, ON
POH 1Z0

Physician's consent is required for:

- a) Anyone 70 years of age or older
- b) Pregnant women
- c) Anyone who answered 'yes' to any question on our Physical Activity Readiness Questionnaire.

Patient Name: _____ (print first & last)

Doctor Name: _____ (print first & last)

Doctor Office Address: _____ Doctor Office Telephone: _____

_____ Doctor Office E-mail: _____

"I have examined the patient named above and know of no reason to limit the patient in the use of the Fitness Centre facilities. These include but are not limited to treadmills, bikes, rowing machines, stair climbers, elliptical trainers, weight training equipment and saunas."

- Without restrictions With the following restrictions:

List any medication(s) taken by the patient and indicate the drug(s) effect(s) on heart rate and blood pressure at rest and during exercise:

Medication: _____ Effect(s): _____
Medication: _____ Effect(s): _____
Medication: _____ Effect(s): _____

Doctor Signature: _____ Date: _____ (mm/dd/yyyy)

Patient/Fitness Member Applicant Signature: _____ Date: _____ (mm/dd/yyyy)

Applicants can bring completed forms to the Municipal Office Reception at 250 Clark St during their open hours. For any further inquiries, please call 705-724-2813, or e-mail thefitnesscentre@250clark.ca