



TEEN PACKET

Name of Parent Member: _____

Parent Membership #: _____

Name of Teen: _____

Age: _____

DOB: _____

Best Phone Number to Contact: _____

In order for you and your teen to receive excellent customer service,
see the Membership Department **AFTER** completing this packet.



TEEN MEMBERSHIP

12-15 years old

Fitness Pointe's Teen Membership Program provides our members the opportunity to extend the benefits of regular exercise to their teens.

**Teen MUST BE a child or grandchild of an
ACTIVE Fitness Pointe member.**

***Membership Packages:**

Basic Teen Package (10 visits) - \$30 (\$3/visit)

Deluxe Teen Package (30 visits) - \$60 (\$2/visit)

***Expiration date - 1 year from date of purchase
(NO REFUNDS for unused visits)**



TEEN MEMBERSHIP INFORMATION PACKET

WELCOME

Thank you for choosing Community Hospital Fitness Pointe.

We appreciate the opportunity to assist you in your efforts to work toward better health and fitness.

We pledge to always provide you with:

- A clean and well-maintained facility
- A professionally trained staff
- Properly maintained exercise equipment
- Quality programming

If you have any questions or concerns, please speak with any of our team members.

The following rules and policies have been developed to ensure a safe and comfortable environment for you.

Fitness Pointe reserves the right to change rules and policies as necessary.

Your Teen Membership Includes:

- Optional personalized exercise program with comprehensive equipment orientation and instruction
- Access to all approved cardiovascular, variable resistance, free weight and stretching equipment
- Indoor cushioned running and walking track
- ½ court basketball area
- Towel service for locker rooms, not for fitness areas
- Fitness Pointe staff to assist you with your needs
- Group Exercise Classes under the direct supervision of a parent/guardian
- Lap/Therapy Pool use under the direct supervision of a parent/guardian

Areas NOT ALLOWED with Teen Membership:

- Steam and/or sauna that are located in each locker room
- Co-ed whirlpool

Services Available for an Additional Fee:

- Pro Shop merchandise
- Vending machines
- Spa and hair services
- Personal training

Participant Rights and Responsibilities

Use of the facility constitutes acceptance of the policies and guidelines of Community Hospital Fitness Pointe. Teen Members' parents/guardians must provide the staff with the necessary medical and emergency information that would affect their participation. Teen Members' parents/guardians must inform the staff if there has been a change to the medical history form/emergency information. We reserve the right to request medical history form updates annually or as necessary.

Participation Requirements

Community Hospital Fitness Pointe is not staffed to offer individual assistance to help Teen Members get on and/or off equipment or to move from one piece of equipment to another. If such assistance is required, our Personal Training Service is available at an additional cost.

GENERAL INFORMATION

Check-In/Out Procedures

- Teen Members MUST check-in and out of the facility with their parent/guardian.
- The parent/guardian MUST sign the teen in at the Fitness Desk downstairs, where they receive their wristband to wear when working out in the facility.
The I.D. must be visible during non-aquatic facility use.

Facility Use

- Teen Members must remain in the general facility area within view of their parent/guardian.
- Parents/guardians are not allowed to be in a separate facility area where they cannot supervise their children (i.e. Parent in the pool area while Teen Member is in the free weight area).

General Guidelines

- Some Teen Members, based upon the American College of Sports Medicine Guidelines, may be required to obtain a physician release prior to using the fitness center.
- Teen Members who are involved in, or witness an injury, should report it immediately to the staff.
- Teen Members are not permitted to loiter in the locker rooms (except to use the washroom) without the supervision of their parent/guardian.
- Community Hospital Fitness Pointe is not responsible for the cost of stolen items of members/guests.
- Lost and found items can be picked up at the Fitness Desk.
Items not retrieved after 30 days are donated to charity.

Dress Code

- Clothing considered offensive by the Fitness Pointe management will be prohibited.
(i.e. Clothing with excessive body parts revealed, clothing containing profanity written or in graphic form, etc.)
- Swimsuits must be worn in the aquatic areas. Suits deemed offensive or excessively revealing will be restricted. A T-shirt may be worn over bathing suit.
- Required footwear in the fitness center consists of clean, athletic rubber-soled shoes.
No sandals, boots, open-toe or open-back shoes are allowed.

Lockers

- All personal items should be locked in the locker.
- Report lost keys to the Fitness or Front Desk Staff.
- Any items left in lockers will be removed each night and placed in the lost and found.

Food and Drink

- You may have an appropriate drink (i.e. water, sports drink) in a covered, plastic container during your workouts.
- Food is permitted in the vending area.

Video Monitoring

- For your protection and safety of participants, visitors and staff, portions of Fitness Pointe are camera-monitored and videotaped.

Fitness Area Rules

- Exercise equipment must be used safely and with proper execution.
- Teen Members should bring their own small workout towel to avoid excessive sweating on equipment.
- Gym wipes are available to be used to clean off exercise equipment.
- No horseplay, spitting or profanity is allowed. Respect the rights of others.
- Do not rest or sit on equipment for extended periods of time during your workout.
- If a piece of equipment is not working properly, discontinue use and report the problem to a staff member.
- Fitness Pointe staff reserve the right to prohibit Teen Members from using equipment incorrectly.
- Personal Training by people not employed by Fitness Pointe is prohibited.

Cardiovascular Equipment Rules

- Follow guidelines and directions listed on individual equipment.
- Follow guidelines recommended by fitness staff.
- Always use safe entry and exit techniques.
- Never leave a piece of cardiovascular equipment running (i.e. treadmills).
- Seek the assistance of a fitness staff, if help is needed.

Walking/Running Track

- Use the inside lane for walking and outside lane for running.
See signs for mileage distance and direction, which are posted on the track.
- Observe the daily directional signs for track use.
- Proper athletic shoes are required.

Swimming Pools

- Parent/Guardian has to be in the same pool at all times.
- No lifeguards are provided.
- No whirlpool.
- No diving or running on the deck.
- Pool shoes are allowed.

Half-Court Basketball

- No black-soled shoes are allowed.
- Basketballs are available and located on the court.
- The basketball court may be used for facility activities, on occasion, and we may need to restrict play.

TEEN MEMBERSHIP REMINDERS

- **All teen packages will expire one year from the date of purchase.**
- **There will be NO REFUNDS for unused visits.**
- TEEN MEMBERS who DO NOT purchase visits within 6 months of the expiration of their last purchase will be deactivated. In order to re-activate the Teen Membership Account the following **MUST** occur:
 - Completion and Approval of updated paperwork (Medical History Form and Liability Waiver)
 - Purchase new package of visits
- Any teen packages that are not expired, will be credited to your account if you chose to become a Fitness Pointe Member at the age of 16.

TEEN MEMBERSHIP GOALS

As a member of the Teen Membership Program, I will ...

- Always demonstrate safe and effective exercise techniques for strength, cardiovascular and flexibility fitness.
- Follow the rules, policies and procedures of the Teen Membership Program, as outlined in this packet.
- Ask questions and seek assistance of the fitness staff as needed.
- Have fun and enjoy fitness for my lifetime!

TEEN MEMBERSHIP CONSEQUENCES

Breach of Rules/Policies/Procedures

1. One verbal warning will be issued for breach of any rule/policy or procedure, as outlined in this packet.
 - a. Verbal warnings are documented by the reporting Fitness Pointe staff and verified by the Teen Member and his/her parent/guardian.
2. After ONE verbal warning, a written warning is completed and submitted to the teen's parent/guardian.
 - a. Written warnings are documented by the reporting Fitness Pointe staff and verified by the Teen Member and his/her parent/guardian.
 - b. The Teen Member and his/her parent/guardian understand that the next disciplinary incident will result in revoking the Teen Membership privileges.
3. The final step in the disciplinary process involves revoking the privileges of the Teen Member. Fitness Pointe management will confer with the Teen Member and his/her parent/guardian regarding this expulsion. A refund for unused sessions will be provided.



**By signing this document, we agree to uphold the rules and regulation
in the Teen Membership information Packet.**

We understand the consequences, should we not uphold the rules, policies and procedures.

All teen packages will expire one year from the date of purchase.

There will be NO REFUNDS for unused visits.

**Any teen packages that are not expired will be credited to your account
if you chose to become a Fitness Pointe member at the age of 16.**

Printed Name of Teen Member

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

Medical History Form

Date: _____ Date of Birth: _____ Age: _____

Name (PLEASE PRINT): _____

- 1) Have you had any recent hospitalizations within the last year? (Please circle) Yes No
If yes, please describe: _____

- 2) Do you have any medical conditions? (Please circle) Yes No

If yes, please check appropriate conditions which apply to you:

↓	↓	↓
<input type="checkbox"/> Heart Conditions	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Cigarette Smoking*
<input type="checkbox"/> Heart Attack	<input type="checkbox"/> High Cholesterol*	<input type="checkbox"/> Dizziness/Fainting
<input type="checkbox"/> Heart Murmur	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Joint Pain/Injury*
<input type="checkbox"/> EKG Abnormalities	<input type="checkbox"/> Leg Cramps with Exercise	<input type="checkbox"/> Muscle Pain/Injury*
<input type="checkbox"/> Cardiac Surgery	<input type="checkbox"/> Ankle Swelling	<input type="checkbox"/> Back Pain/Injury*
<input type="checkbox"/> Palpitations	<input type="checkbox"/> Leg Pain (PAD)	<input type="checkbox"/> Recent Therapy Services
<input type="checkbox"/> Chest Pains	<input type="checkbox"/> Shortness of Breath	<input type="checkbox"/> Arthritis*
<input type="checkbox"/> Stroke	<input type="checkbox"/> Asthma*	<input type="checkbox"/> Bursitis*
<input type="checkbox"/> Family History of Heart Disease*	<input type="checkbox"/> Exercise Induced Asthma	<input type="checkbox"/> Pregnant

- 3) Provide a brief explanation of ALL conditions checked above: _____

- 4) List ALL Medications:

Name of Medication	Purpose	Name of Medication	Purpose

- 5) *** MANDATORY INFORMATION NEEDED ***

Emergency Contact (Name): _____ Contact Number: _____

Physician's Name: _____ (If you DO NOT have a PHYSICIAN - write N/A)

City: _____ Phone: _____

I attest that the questions on this Medical History Form have been answered accurately,
and give Community Hospital Fitness Pointe® permission to
contact my physician concerning "checked" conditions, which require additional information.
I understand that Fitness Pointe® has the authority to make the final decision regarding my membership.

Applicant's Signature _____

Parent or Legal Guardian's Signature (If under 18) _____

FITNESS POINTE STAFF USE ONLY

Approved: _____ Not Approved: _____ Date: _____
☐ H ☐ M ☐ L Reason: _____

TURN OVER



Member/Participant Waiver and Release from Liability

I have voluntarily elected to participate in a fitness evaluation and progressive physical exercise program at Community Hospital Fitness Pointe®, 9950 Calumet Avenue, Munster, Indiana. My activity at Fitness Pointe may include, but is not limited to, cardiovascular, muscular, flexibility and aquatic assessment and exercise by the way of aerobics, treadmills, stair climbers, computerized bicycles, machine weights and free weights.

I agree to only engage in activities in which I can competently and safely participate on an independent basis. I will not use any exercise equipment unless I am personally familiar and competent in its use and functioning, and I agree to request instruction from the staff of Fitness Pointe on unfamiliar equipment before I use it.

I agree to follow all rules and regulations pertaining to the use of Fitness Pointe. At all times I will comply fully with the policies of Fitness Pointe concerning my use of the facilities and equipment. I am aware and understand that certain physical changes, injuries and health risks are related to exercise are possible and exist, which risks include, but are not limited to, abnormal blood pressure, fainting, disorders of the heartbeat, and, in rare instances, heart attack. I also understand the risks involved in the use of aquatic and locker room wet areas, including slipping on the pool deck and adjacent hallway and locker room surfaces and drowning. I verify that I can swim if I chose to use the swimming facilities. I will not use the swimming facilities in the event that I cannot adequately swim to insure my own safety. If I cannot competently and adequately swim, I agree that my only use of the pool shall be if I chose to participate in a Fitness Pointe supervised shallow water class. I hereby acknowledge and accept all known and unknown risks. I further assume the risk of loss for all of my personal property which is damaged, stolen, or lost while at Fitness Pointe.

I promise and agree, on behalf of myself, my heirs and assigns, not to sue and I do hereby agree to release, discharge, hold harmless, and indemnify Fitness Pointe, Community Hospital, all of their agents, employees, members and all other personnel and entities acting on their behalf, from all claims, demands, rights and causes of action of any kind, whether arising from my own acts or those of Fitness Pointe, Community Hospital, or any of their respective agents, employees, and members. I hereby waive and release any and all claims of personal injury or property damage rising from my activities or use of the facilities and equipment at Fitness Pointe, and I accept, assume and incur all responsibility for any and all risk of injury from such activity and exercise. I further specifically release Fitness Pointe, Community Hospital, and all of their agents, employees, members and all other personnel from any claims that they acted in a negligent manner, or failed to take some action in allowing my use of the facilities and I agree to assume complete responsibility for injuries to my person or property related to my use of the facilities.

To my knowledge, I do not have any limiting physical conditions, disability or major risk factors that may affect my use of the Fitness Pointe facilities other than those which I have disclosed on my medical fact sheet and there are no risks of physical conditions that would, to my knowledge, preclude my participation in an exercise program.

Date: _____

Member's/Participant's Name (PRINTED): _____

Address: _____

	City	State	Zip Code
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Phone Number: _____

Email: _____

Member's/Participant's Signature: _____

Parent or Guardian Signature (if under 18): _____