



9950 CALUMET AVENUE, MUNSTER, IN 46321  
PHONE: (219) 924-5FIT  
FAX: (219) 924-8581

## Teen Orientation Packet

Name of Parent Member:

Parent Membership #:

Name of Teen:

Age: \_\_\_\_\_

DOB: \_\_\_\_\_

Best Phone Number to contact:

Preferred Orientation Date/Time: (Please allow at least 60 minutes for Orientation)

Day

Time

IMPORTANT



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

Upon approval of the medical fact sheet, completion of waiver, and orientation policy, your Teen Orientation Session will be scheduled.

A \$20.00 orientation fee needs to be PAID at the FRONT DESK BEFORE orientation can be performed.

Teen member will only have 30 days to purchase visits from the day their orientation is completed. If a teen DOES NOT purchase visits within the 30 day period, they MUST reschedule and go through another orientation and pay the \$20 orientation fee AGAIN.

9950 Calumet Avenue  
Munster, IN 46321



219-924-5348



## TEEN ENROLLMENT/ORIENTATION POLICY

### OVERVIEW

Fitness Pointe's Teen Membership program provides our members the opportunity to extend the benefits of regular exercise to their teen/s. **Once the necessary paperwork has been completed and approved**, the prospective teen member is scheduled for an Orientation Session.

The Orientation Session provides the Teen Member with a safe and effective exercise program, as well as teaches him/her the policies, procedures, and guidelines for using the Fitness Pointe facility.

### SCHEDULING THE ORIENTATION SESSION

- A Certified Teen Fitness Trainer will contact you to schedule the Orientation Session which takes approximately 1 hour. The Orientation Session is held at Fitness Pointe and requires your teen to wear comfortable exercise clothing as well as supportive athletic footwear. The Orientation Session fee is \$20 and needs to be **PAID PRIOR** to the Orientation Session.

### ATTENDING THE ORIENTATION

- You and your teen will meet his/her trainer at the Fitness Desk, located on the lower level of Fitness Pointe.
- For your teen's safety, you must remain in the facility during the Orientation Session to serve as the legal guardian for your teen.
- The trainer will provide you and your teen with the rules/policies of the Teen Membership Program in addition to designing an exercise program for him/her. In addition, the trainer will teach him/her proper use of the equipment.
- Teen Membership account must be compiled through the Membership Department prior to his/her Orientation Session, in order to purchase your Teen Membership package. For your convenience, we offer two Teen Membership packages:
  - 10 visits for \$30
  - 30 visits for \$60

### CANCELLING/RESCHEDULING THE ORIENTATION SESSION

- Teen Members are allowed to cancel/reschedule their Orientation Session, if needed, with **at least 24 hrs notice**. (Maximum of 3 cancellations allowed)
- The parent/guardian should contact the trainer, or the Manager on Duty (219-924-5348) in order to cancel the Orientation Session. **The trainer will reschedule the Orientation Session.**
- Failure to cancel the Orientation Session, with at least 24 hours notice of the scheduled time **OR** not showing for a scheduled session, will result in a **\$15.00 cancellation/no show fee** being charged to the parent/guardian's account.

### TARDINESS

- Tardiness in excess of 10 minutes past the scheduled Orientation Session starting time will result in less than a "full" Orientation Session being provided.

# Medical History Form



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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 Fact Sheet have been answered accurately,  
 and give The Community Hospital Fitness Pointe<sup>SM</sup> 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: _____	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reason: _____
H	M	L	

TURN OVER



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## Member/Participant Waiver and Release from Liability

I have voluntarily elected to participate in a fitness evaluation and progressive physical exercise program at The 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, The 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, The 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, The 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

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Member's/Participant's Signature: \_\_\_\_\_

Parent or Guardian Signature (if under 18): \_\_\_\_\_