



Powers
HEALTH_{SM}

Community Hospital Fitness Pointe®

9950 Calumet Ave., Munster, IN 46321

P: 219-924-5348 | F: 219-924-8581

Teen Membership Packet

Name of Parent/Guardian who is a Fitness Pointe Member:

Account #: _____

Name of Teen: _____

Teen Account #: _____ (Membership staff will fill in)

Age: _____

DOB: _____

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

Code of Conduct

Powers Health Community Hospital Fitness Pointe is a medical fitness facility committed to providing high-quality experiences in a healthy, inclusive, safe environment for all members, clients, and guests. Everyone is expected to behave in a manner consistent with this environment at all times.

The following is Fitness Pointe's code of conduct for members, clients, and/or guests (hereafter referred to as Members):

Members are expected to be respectful of other members and staff.

Profane, abusive, or loud/boisterous language while on the premises or engaging in any action that may be discourteous, violent, or harmful to others is strictly prohibited.

Behaviors should not violate another person's sense of privacy or dignity.

Members may not make verbal threats or harassing statements, fight, or engage in any inappropriate or unwanted physical contact with another person while on the premises.

Members suspected to be under the influence of alcohol, illegal drugs, or other questionable substances will not be allowed to use the facility.

Members understand there may be risks of injury from participation in various activities and agree to check with their healthcare provider prior to participation in a program or activity and will stay within their physical and mental limitations as determined by their healthcare provider.

Members are expected to wear appropriate attire and appropriate footwear that is conducive to the various areas of the facility (i.e. aquatic attire for pools, group exercise attire, closed toed shoes in the weight area/basketball court, and fitness floor attire with proper footwear).

Members are expected to be respectful of all Fitness Pointe property. Any willful or wanton destruction may be the financial responsibility of the member.

Members are expected to return any Fitness Pointe property to its appropriate location (i.e. pool equipment, towels, TRX straps, Superbands, etc.) as well as wipe down equipment used with provided cleaning wipes. Broken equipment should be reported to Fitness Pointe Staff. Taking Fitness Pointe property is considered theft and punishable by law.

Members may not take any audio recordings or photographs/selfies/videos with any device (i.e. cell phones) anywhere in the facility without prior administrative approval.

Members are expected to inform the administration of violations of this code of conduct so they may address the matter.

Violations of any of these rules may result in the termination of membership/client/guest privileges.

Date

Membership Staff's Signature

Member's/Participant's Signature

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

Medical History Form

Date: _____ Date of Birth: _____ Age: _____

Name (PLEASE PRINT): _____

STEP 1 - SYMPTOMS ASSESSMENT

Select any/all current symptoms you are experiencing:

<input type="checkbox"/>	Chest discomfort with exertion
<input type="checkbox"/>	Unreasonable breathlessness
<input type="checkbox"/>	Burning or cramping sensations in your lower legs when walking short distances
<input type="checkbox"/>	Dizziness, fainting, blackouts
<input type="checkbox"/>	Ankle swelling (with another symptom)
<input type="checkbox"/>	Unpleasant awareness of a forceful, rapid or irregular heart rate

STEP 2 - CURRENT PHYSICAL ACTIVITY

Do you perform/participate in planned, structured physical activity for at least 30 minutes at moderate intensity on at least 3 days per week for at least the past 3 months? _____ Yes _____ No

STEP 3 - MEDICAL CONDITIONS

Select any/all medical conditions that you have HAD or currently HAVE:

<input type="checkbox"/>	Heart attack	<input type="checkbox"/>	Heart transplantation
<input type="checkbox"/>	Heart surgery, cardiac catheterization or coronary angioplasty	<input type="checkbox"/>	Congenital heart disease
<input type="checkbox"/>	Pacemaker/implantable cardiac defibrillator/rhythm disturbance	<input type="checkbox"/>	Diabetes
<input type="checkbox"/>	Heart valve disease	<input type="checkbox"/>	Renal disease (kidney disease)
<input type="checkbox"/>	Heart failure		

Healthcare Provider's Name for above marked conditions: _____

City: _____ Phone: _____

STEP 4 - MANDATORY INFORMATION NEEDED

Emergency Contact (Name): _____ Contact Number: _____

I attest that the questions on this Medical History Form have been answered accurately and give Community Hospital Fitness Pointe permission to my provider concerning "checked" conditions, which require additional information. I agree to and understand that for my safety, Fitness Pointe will have the authority to make exercise recommendations/restrictions and decisions based on industry best practices. I agree that I am voluntarily sharing the above information for Fitness Pointe membership information only.

Member's/Participant's Signature

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

FITNESS POINTE STAFF USE ONLY Approved: _____ Date: _____

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 that I can competently and safely participate in 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 about 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 choose to use the swimming facilities. I will not use the swimming facilities in the event that I cannot adequately swim to ensure my own safety. If I cannot competently and adequately swim, I agree that my only use of the pool shall be if I choose 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 any of my personal property that is damaged, stolen, or lost while at Fitness Pointe.

I promise and agree, on behalf of myself, my heirs and assigns, not to sue. 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 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. 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 that I have disclosed on my medical history form. 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

Phone Number: _____

Email: _____

Member's/Participant's Signature: _____

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

Teen Membership Rules and Policies Contract

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 not expired will be credited to your account
if you choose 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

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
- Personalized exercise plan
- Access to all cardiovascular, variable resistance and free-weight equipment
- Indoor cushioned walking and running track
- Outdoor walking and running track
- ½ court basketball area
- Land and aqua group exercise classes
- 25-yard lap pool
- Warm water therapy pool
- Locker rooms with daily-use lockers
- Towels available for use
- 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

- Personal Training
- Vending machines

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. 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 in the teen at the Fitness Desk downstairs, where he or she will receive a wristband to wear when working out in the facility. The ID 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 (e.g. Parent in the pool area while Teen Member is in the free weight area).

General Guidelines

- Based upon the American College of Sports Medicine Guidelines, healthcare provider clearance may be required 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 are located at the Fitness Desk and in the locker rooms under the towel cabinets. Items not retrieved after 30 days are donated to charity.

Dress Code

- Clothing considered offensive by Fitness Pointe management will be prohibited. (e.g. 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.
- Clean, athletic rubber-soled shoes are required in the fitness area. No sandals, boots, open-toe or open-back shoes are allowed.

Lockers

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

Food and Drink

- Only covered containers are allowed in the facility.
- Food is permitted in the vending area.

Video Monitoring

- For the protection and safety of all individuals, sections of Fitness Pointe are surveillance-monitored.

Fitness Area Rules

- Exercise equipment must be used safely and with proper execution.
- Teen Members should bring their own 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 reserves the right to prohibit Teen Members from using equipment incorrectly.
- Personal training by individuals 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 (e.g. treadmills).
- Seek the assistance of an exercise instructor 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 with Teen Member at all times.
- No lifeguards are provided.
- No whirlpool use.
- 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.**
- Any teen packages 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.

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 revocation of 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.