



# FITNESS CENTER MEMBERSHIP CONTRACT



DATE: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE: \_\_\_\_\_ GENDER: Male Female

BADGE NUMBER: \_\_\_\_\_ SSN: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_ TITLE: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

AFFILIATION: (check one):

\_\_\_ JHBMC \_\_\_ JHH/JHHS \_\_\_ JHU \_\_\_ NIH/NIDA \_\_\_ BROADWAY \_\_\_ OTHER

LENGTH OF MEMBERSHIP: (check one):

\_\_\_ 1 month \_\_\_ 3 months \_\_\_ 1 year \_\_\_ Promotion (\_\_\_\_\_)  
(1 month Temporary status ONLY)

PAYMENT METHOD: (check one):

\_\_\_ PAYROLL DEDUCTION

\_\_\_ I authorize JHBMC to deduct \$\_\_\_\_\_ per pay from my paycheck. Staff Initials: \_\_\_\_\_

\_\_\_ I also authorize JHBMC to deduct an additional \$\_\_\_\_\_ per pay from my paycheck for my spouse/family member(s) listed here. \_\_\_\_\_

My membership(s) will extend through \_\_\_\_\_ and will automatically rollover and may not be canceled except for medical disability, or termination of employment from JHBMC. My automatic payroll deductions will remain in effect until I give a 30-day written notice of contract termination to the Johns Hopkins Bayview Fitness Center. If I fail to notify the Fitness Center, I may be responsible for payments until I provide notification. I also understand and agree that it is my sole responsibility to notify the Fitness Center about a change in the status of my membership(s). Member Initials: \_\_\_\_\_

\_\_\_ CASH

\_\_\_ CHECK (Made payable to Johns Hopkins Bayview Medical Center)

	JHBMC	All Other Affiliations
<b>1 Year Payroll Deductions</b>	\$12.46/biweekly	JHHS \$15.69/biweekly Broadway \$7.85/weekly
<b>1 Year Contract</b>	\$324	\$408
<b>3 Month Contract</b>	\$102	\$108
<b>1 Month (Temporary Only)</b>	\$37	\$37
<b>Flex Pass Coming Soon (10 visits)</b>	\$80	\$80

**FITNESS CENTER RULES:**

- ✓ Members under 18 must have parental consent and be accompanied by an adult at all times
- ✓ Appropriate footwear is required. (Yoga and group aerobics footwear is at the instructor's discretion.)
- ✓ Headphones must be worn when listening to music.
- ✓ Members must wipe down equipment after use, re-rack weighs and put away any equipment after use. The Fitness Center is located on the 2nd floor; therefore, weights should be set down softly. Your membership may be suspended or revoked if you fail to comply.
- ✓ Impact-based exercises should occur in the aerobics classroom.
- ✓ Cameras and camera phones are prohibited in the locker rooms to respect the privacy of our members.
- ✓ Non-spill, plastic squeeze bottles with lids and that contain water only, are permitted in workout areas.
- ✓ If any Fitness Center property (including fitness accessories, towels, equipment, etc.) is consciously removed from the Center by a member, their membership will be terminated immediately.
- ✓ The Bayview Fitness Center reserves the right to amend or revise these rules and regulations as necessary.

**LOCKER POLICY:**

A limited number of lockers are available for assigned use. A locker will be assigned if you agree to a one-year contract and plan to utilize the locker on a regular basis (*average of eight times per month*).

- ✓ Lockers must have a lock on them at all times.
- ✓ We reserve the right to ask you to remove items from your locker if you are not using it on a regular basis. You will be given one week's notice prior to a routine locker cleaning. If we are unable to contact you, we reserve the right to cut off your lock.
- ✓ Food and wet or damp items are not allowed to be kept in lockers overnight.

Lockers that have not been assigned to a member are available for daily use and must be emptied each day.

These regulations are adopted by the Bayview Fitness Center to protect the health and safety of the members and their guests. The goal of these rules is to regulate the conduct of individuals in such a way to provide maximum enjoyment of the Center's facilities for all members. The Center's Director and Staff are authorized to enforce these rules in a consistent and impartial manner.

**I understand that failure to follow the rules above may result in a forfeit of my membership.**

**PRINT NAME:** \_\_\_\_\_ **LOCKER #** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**STAFF SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

# PAR-Q & YOU

NAME \_\_\_\_\_

AGE \_\_\_\_\_

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active everyday. 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 years of age, 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 or NO	
<input type="checkbox"/> <input type="checkbox"/>	1. Has a doctor ever said that you have a heart condition and 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 are 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 that could be made worse by a change in your physical activity?
<input type="checkbox"/> <input type="checkbox"/>	6. Is your doctor currently prescribing medication (for example, water pills) for your blood pressure or heart condition?
<input type="checkbox"/> <input type="checkbox"/>	7. Do you know of any other reason why you would not do physical activity?

### YES to one or more questions

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

- 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 to 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 to 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 level so that you can plan the best way for you to live actively.

Delay becoming much more active:

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

“In consideration for my being permitted to use these facilities I waive and release forever any and all rights for claims and damages I may have against Johns Hopkins Bayview Fitness Center or Elevation Corporate Health, and their respective employees, in any manner due to personal injuries or property loss sustained by me in connection with my use of these facilities. I attest that I am physically fit to engage in the activities made available to me and that I am 18 years of age or older.”

Signature \_\_\_\_\_

Date \_\_\_\_\_