

BWG Leisure Centre Pass Application

Participant Name: _____ **Phone:** _____

Address: _____ **Postal Code:** _____

Date of Birth: _____

Email: _____

MEMBERSHIP TERMS AND CONDITIONS

As a BWG Leisure Centre Fitness Member / Aquatics Pass holder I understand and agree:

- A BWG Leisure Centre Fitness/Aquatics membership or pass is non-transferable. I will not loan my membership card to another individual. Card must be presented at each visit to obtain access.
- I will present appropriate indoor shoes (not to be worn outside) to obtain access to the Fitness Centre and Gymnasium.
- I will notify the Community Services Department of any change in my mailing address, contact information, or payment information 30 days prior to my next scheduled payment.
- **Cancellation policy:** Cancellations of pre-authorized monthly fitness memberships requires a MINIMUM of **15** days written notice before payment date. Memberships may be cancelled within 10 calendar days of signing/receiving this agreement (request must be submitted in writing).
- **Fitness Membership Hold:** Annual Fitness memberships are entitled to 1 membership hold per agreement for up to 3 months (request must be submitted in writing).
- The BWG Leisure Centre does not accept responsibility for lost or stolen items on BWG Leisure Centre premises. **Please lock up all valuables or leave them at home.**
- The BWG Leisure Centre reserves the right to close the facilities for construction, maintenance, tournament and/or major events. **No refunds will be issued for these closures.**
- The BWG Leisure Centre reserves the right to terminate membership privileges, without refund, for an account overdue more than 30 days or failure to comply with the Safe and Respectful Environment Policy.
- This application is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes. After that time, all participants must fill out a new application form. All individuals under the age of 18 years will require parental presence and signature.
- ***In the interest of participant safety, individuals are responsible for determining whether they are physically fit to participate in the activities offered on site. You are encouraged to consult with a health care provider if in doubt.***

PROVIDING A SAFE AND RESPECTFUL ENVIRONMENT

We are committed to providing a safe, professional, and respectful environment for our clients and our staff. Please note, for everyone's safety, we cannot tolerate inappropriate or aggressive behaviour, harassment, or coarse language. People who engage in this type of behaviour will be asked to leave.

Participant Signature

Parent/Guardian Signature (If under 18yrs of age)

PAR-Q & YOU

(A Questionnaire for People Aged 15 to 69)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. 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, 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	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. Has your 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 were 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 (for example, back, knee or hip) that could be made worse by a change in your physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
<input type="checkbox"/>	<input type="checkbox"/>	7. Do you know of <u>any other reason</u> why you should not do physical activity?

If
you
answered

YES to one or more questions

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

- 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 with 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 for 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 so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

DELAY BECOMING MUCH MORE ACTIVE:

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

PLEASE NOTE: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

Informed Use of the PAR-Q: The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

No changes permitted. You are encouraged to photocopy the PAR-Q but only if you use the entire form.

NOTE: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

"I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction."

NAME _____

SIGNATURE _____

SIGNATURE OF PARENT
or GUARDIAN (for participants under the age of majority) _____

DATE _____

WITNESS _____

Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.



Privacy Statement:

All personal information on this form is collected pursuant to the Municipal Freedom of Information and Protection of Privacy Act and Municipal Act, 2001 and will be used for the purposes of determining eligibility for fitness membership or aquatics pass and the administration of those memberships/passes. Questions regarding this collection may be directed to the Manager of Recreation & Client Services, Department of Leisure Services, 471 West Park Avenue, Bradford, ON, L3Z 0J3, 905-775-7529.

The BWG Leisure Centre is committed to protecting personal information by following responsible information handling practices. We collect and use personal data in order to better meet your service needs, to ensure a safe environment while patrons are visiting our centre, for statistical purposes, to inform you about the BWG Leisure Centre program in which you are registered, to complete payment transactions and to satisfy regulatory obligations. You may also hear from us periodically about other events, activities and new programs

Limitation of Liability:

In consideration of membership and permission to participate in any activity at the Bradford West Gwillimbury Leisure Centre, I hereby willingly assume all risk and WAIVE ANY AND ALL CLAIMS that I have or may have in the future against The Corporation of the Town of Bradford West Gwillimbury, its Mayor, Councilors, officers, directors, employees, servants, contractors, agents, and volunteers, and RELEASE the Town from any and all liability for any loss, theft, damage to property, costs, expense, injury, illness, or deterioration on health (event death) that I or my next of kin may suffer, as a result of the use of the facilities, due to any cause whatsoever.

I understand and acknowledge, that I am responsible for assessing that I am physically fit to participate in the activities offered on site and agree to consult with a health care provider if in doubt.

Participant Name (please print)

Participant Signature

Parent/Guardian Signature (If under 18yrs of age)

Date

All individuals under the age of 18 years will require parental presence and signature.

For Pre-Authorized Payment of Monthly Fitness Pass Only:

Credit Card:

Credit card type: MasterCard

VISA

Direct payment from bank account:

Electronic Funds Transfer (EFT)

Please attach void cheque here

Returned Payments: If a payment does not clear my bank account to cover my payment, I will pay the balance owing plus the applicable administrative fee of \$50.00. A membership is suspended until the outstanding payment plus the administrative fee is paid to the Town of Bradford West Gwillimbury.

I understand and agree:

- My account/credit card will be debited on or after the anniversary date of joining the BWG Leisure Centre each and every month;
- Funds will be withdrawn from my bank account or credit card monthly until I cancel my membership by written notice to the Town of Bradford West Gwillimbury 15 days before the next payment date.

By signing this agreement, I acknowledge that I have read, understand and freely accept the fee and method of payment provided above, as well as the Membership Terms and Conditions provided with this application. I agree that I am of the age of majority. If applicable, I have the authority to agree to the terms and sign on behalf of any member(s) of my family joining the Town of Bradford West Gwillimbury Fitness Centre.

Participant Name (please print)

Participant Signature

Parent/Guardian Signature (If under 18yrs of age)

Date

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