

Town of Ogden Parks and Recreation

269 Ogden Center Road

Spencerport, NY 14559

(585) 617-6174



FITNESS CENTER

Ages: 16 years and older

Membership Options:

Daily: \$5 R/\$7 NR **1 month:** \$30 R/\$40 NR **3 months:** \$55 R/\$65 NR

6 months: \$75 R/\$85 NR **1 year:** \$120 R/\$130 NR

Membership Freeze (up to 1 month; request must be rec'vd in writing): \$15 R/\$20 NR

Hoist Duals Circuit Training

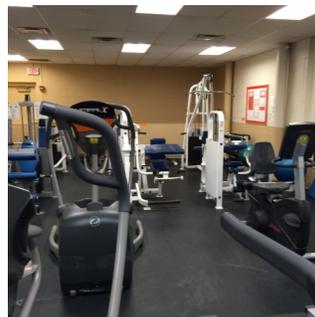
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|---|--|
|  Bicep Curl |  Leg Extension |
|  Tricep Ext. |  Hamstring Curl |
|  Lat Pull-down |  Shoulder Shrug |
|  Mid-row |  Shoulder Press |
|  Multi-fly |  Abdominals |
|  Multi-press |  Lower Back |

Cardio Fitness Training

- | | |
|---|---|
|  | 2 Life Fitness Treadmills
1 Precor Treadmill |
|  | 2 Life Fitness Elliptical Trainers |
|  | 1 Life Fitness Recumbent Bike |
|  | 1 Life Fitness Octane Lateral X |

This is a 6-station, 12-exercise circuit that will work every major muscle group. The system is user-friendly and fully adjustable to fit every user's needs. You will be amazed at how quickly you will be able to complete the circuit in 30-40 minutes.

All units are fully programmable. They are easy, fun to use and will help you get quick results.



"Make the most of yourself, for that is all there is of you."

– Ralph Waldo Emerson

GUIDELINES & PROCEDURES

SIGN IN/OUT PROCEDURES:

- The south doors are the only available entrance on Saturdays and Sundays and between 8-8:30am and after 4:30pm Monday-Thursday.
- Between the hours of 8:30am-4:30pm, use the Town Hall (north) entrance to the Fitness Center.
- During select hours, the south entrance to the Fitness Center may be closed due to classes in the multipurpose room. At these times, signs will be posted directing you to the Town Hall entrance.
- Please sign in at arrival and sign out at departure during each visit.

FITNESS CENTER:

- Only registered participants may use the Fitness Center Facility.
- Children under the age of 16 are not allowed in Fitness Center.
- Please bring an extra pair of shoes to change into. Only dry, clean sneakers can be used on the equipment.
- Proper exercise attire is to be worn at all times.
- There is no food allowed in the fitness area.
- Please wipe down all equipment after usage.
- Report any broken/damaged equipment to the OPRD Office.
- Do not drop the weights. There are offices below the Fitness Center.

LOCKER ROOMS & RESTROOM FACILITIES:

- Locker rooms are not available between the hours of 8-9am & 3:30-6pm, Monday-Friday, when school is in session.
- Upstairs restrooms are not available between the hours of 9am-6pm, Monday-Friday, when school is in session.

GYMNASIUM:

- The gymnasium can be utilized by registered Fitness Center members during office hours, if the gym is not being used by another program. Please check with the OPRD office before use. A limited supply of equipment is available. Unfortunately gymnasium use may not occur after office hours, or on weekends.

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Fitness Center Registration Form

- Once Form and Payment are received, you may begin using the Fitness Center
- Fitness Center is for those ages 16 and over. Those under 16 years of age are not allowed.
- Registered members must sign in/out during each visit.
- Proper exercise attire, including sneakers, is to be worn at all times while in the Fitness Center.
- If orientation with the equipment is needed, please let us know.
- Seasonal hours will be posted.
- Memberships can be frozen for up to 1 month (request must be received in writing). Fees apply.

Please make checks payable to: Town of Ogden

Mail Payments to Town of Ogden Parks and Recreation, 269 Ogden Center Road, Spencerport, NY 14559

Registrant's Name:		Birthdate:
Are you renewing your membership? Yes No		If yes indicate any changes to the information in sections below & on reverse
Address:	City:	Zip:
Email (Home):		Phone:

IN CASE OF EMERGENCY, PLEASE NOTIFY...

Name:		Phone:
Address:	City:	Zip:
Doctor:		Phone:
Address:	City:	Zip:

Waiver must be read and signed before registration is accepted. I assume all risks and hazards incidental to the conduct of the Town of Ogden Fitness Center and to hereby further release and hold harmless the Town of Ogden & Town of Ogden Parks and Recreation staff. I give permission to a licensed physician or hospital staff to administer emergency medical care deemed necessary for myself when normal permission is unavailable. I certify that I am in good physical health and have no limitations other than those I have listed which may predispose me to risk during this program. I also fully realize that I must provide proper hospitalization. The Town of Ogden does not provide insurance coverage.

Registrant Signature _____
Date
 (If Registrant is Under 18, Parent or Guardian Must Sign)

Please Check Membership Option

Daily: \$5 R/\$7 NR
 1 Month: \$30 R/\$40 NR
 3 Months: \$55 R/\$65 NR
 6 Months: \$75 R/\$85 NR
 Yearly: \$120 R/\$130 NR



PARTICIPATION AUTHORIZATION & RELEASE

We advise that if you have any physical ailment, are taking medication or are otherwise not in excellent physical condition suitable for strenuous activity, your participation may be injurious to you. The following questions are designed to alert you to factors, which may place you at risk from strenuous exercise. They do not include all physical risks.

If you answer “**YES**” to any question below, you must consult with your physician.

Y N

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Has a physician ever said you have heart trouble? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you often feel faint or have spells of severe dizziness? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you over age 50 and not accustomed to vigorous exercise? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you had surgery in the past 3 months? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you overweight (more than 20 pounds)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have a history of lung problems? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you frequently have pains in your heart or chest? |
| <input type="checkbox"/> | <input type="checkbox"/> | Has a physician ever said your blood pressure was too high? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been advised not to exercise? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you now or have you been pregnant in the past 3 months? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have a smoking habit now or within the past year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have either high blood cholesterol and/or triglyceride levels? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there any good physical reason not mentioned here why you should not follow an activity program? |

These questions are designed to help you. Please seriously consider whether any other problem, condition or medication suggests that you should seek medical advice before participating in the exercise program.

I have read all of the above and I do not need to consult my physician further.

Please Initial: _____
