



The Groton Center

Groton Council on Aging

The Center That Builds Community

The Groton Center Fitness Center Registration

Hours: Monday – Friday 8:00am - 4:00pm

Name: _____

Address: _____

Date of Birth _____

Email: _____ Phone: _____

Emergency contact: Name:

_____ Phone: _____

Membership Fee: (please check one) Groton residents: ___\$30 for 6 months ___\$50 for 12 months Non- Residents ___\$60 for 6 months ___ \$100 for 12 months

Payment: Cash _____ Check _____ Date: _____

Staff Initials: _____

Staff please date received the following for compliance:

____ Physician's Medical Clearance: A signed Physician's Medical Clearance form is required before you can become a member of the fitness. This form is required to be renewed annually.

____ Informed Consent: A signed Informed Consent to Participate form is required. Be sure to thoroughly read this form before you sign it.

____ Required Orientation Session: A member must be able to safely operate the fitness equipment independently following a mandatory orientation session with a Council on Aging staff or volunteer. They will make the determination as to when the member is capable of using the equipment independently. The orientation sessions will include instruction on how to use the equipment properly and how to monitor yourself safely. This is important because you will be exercising in an unsupervised environment. The Groton Center reserves the right to deny use of the fitness center for safety and/or health reasons.



The Groton Center Fitness Center Membership Agreement and Policies

1. The Fitness Center is available to Groton residents 50 and older and out of town resident 60 and older.
2. Memberships may be purchased for six- or twelve-month periods. Membership fees must be current in order to use the Fitness Center.

Groton residents:	6 Months \$30	12 Months \$50
Non-residents 60 and older:	6 Months \$60	12 Months \$100

In accordance with Massachusetts General Laws Chapter 93, sec. 82, this agreement may be canceled for a full refund within three (3) business days after signing.

3. The Fitness Center is an unsupervised center. Members develop their own exercise programs and use the equipment at their own risk.

4. New Members must have a signed Physician's Medical Clearance form prior to using the Fitness Center. This form must be renewed annually.
5. New Members must attend an orientation session prior to using the Fitness Center equipment.
6. Members must follow all safety rules and procedures as explained in their orientation sessions.
7. Members must wear appropriate workout attire including sneakers or rubber soled shoes in the Fitness Center. Members must change their shoes prior to entering the Fitness Center. Outside footwear is not permitted on the equipment.
8. Members must wipe down equipment after use to be considerate to those who follow to reduce the spread of illness.
9. Food and beverage are not allowed in the Fitness Center except for water in bottles (not glass) or other spill-proof containers.



10. There is a 20-minute limit for using each piece of cardio equipment unless no one else is waiting.

11. The Senior Center reserves the right to revoke a membership at any time if it is determined that continuation by the participant is detrimental to him/herself or to others. {00016364 - 10653/00}

12. Members of the Fitness Center must fully understand and sign an Informed Consent to Participate form before being approved to use the Fitness Center.

13. In accordance with Massachusetts General Laws Chapter 93, Section 82, refunds will be given:

A. In the event of a member's death or incapacitation.

B. In the event a member becomes significantly medically or physically disabled for a period of three months as certified in writing by a licensed practicing Massachusetts physician.

C. The Fitness Center facilities are not available because it permanently discontinues operation of the fitness room or substantially changes its operation.

D. A Member moves his/her permanent address to a location of more than 25 miles from the Fitness Center. Any such refunds will be prorated.

Member's name _____

Member's Signature _____ Date _____

Staff signature _____ Date _____



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MEDICAL CLEARANCE FORM

The Groton Center Fitness Center 163 W. Main Street Groton, MA 01450

978.448.1170

Patient's Name: _____

Address: _____

Email: _____

Phone: _____

The patient identified above is a patient of mine and has requested that I provide the following information so that he/she may obtain a membership and use the facilities and equipment of the Fitness Center. I understand that the Fitness Center is an unsupervised facility. Accordingly, I state the following:

1. Health History:

- | | |
|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Cardiac | <input type="checkbox"/> Pulmonary |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> CVD |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Orthopedic | <input type="checkbox"/> Other |

Please explain checked items if necessary:

2. Medications: _____

3. Please indicate any specific guidelines or limitations for this patient?

4. Approval: I approve this applicant for her/his use of the Groton Senior Center Fitness Center

PHYSICIAN'S SIGNATURE: _____

PRINTED NAME: _____

PHONE: _____ DATE: _____



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The Groton Center Fitness Center INFORMED CONSENT TO PARTICIPATE

I wish to voluntarily use the cardio and weight resistance equipment in the Fitness Center at The Groton Center. The equipment is designed to gradually increase the work load on my cardiovascular and/or musculoskeletal systems.

I understand that there are inherent risks associated with exercise. I understand that the reaction of the heart, lungs and blood vessel systems to such exercise cannot always be predicted with accuracy. Possible injuries or medical disorders arising out of my participation in the fitness program, such as, but not limited to heart attack, stroke, sprains, broken bones, torn muscles, torn ligaments, and in rare instances, cardiac arrest can occur. Knowing these risks, I nonetheless request to use the cardio and weight resistance equipment and assume all risks associated with my participation. I acknowledge I have no medical conditions that may prohibit my participation in this program.

I understand that The Groton Center Fitness Center is an UNSUPERVISED fitness center.

I also understand that safety policies and procedures involving the fitness equipment will be explained to me during the orientation sessions. I understand that if I do not follow these guidelines my membership in The Fitness Center will be revoked. I also understand that I must receive permission from my physician prior to joining the Fitness Center and using the equipment. I am aware of any risks associated with this equipment.

I agree to release and hold harmless and will indemnify the Town of Groton, and their employees, and volunteers, and against all past, present and future claims and from unexpected complications and/or injuries that may occur because of my participation.

I understand that I am free to withdraw from this program at any time with refunds pursuant to Mass Law, Chapter 93, Section 82.

I certify that I have carefully read this form before signing it.

Name _____ Date _____

Signature _____

Senior Center Staff _____ Date _____