

Membership Application Form

Formulaire de demande d'adhésion

Please send the completed Application Form to RecCenterStaff@westnipissing.ca
 Veuillez envoyer le Formulaire de demande rempli à RecCenterStaff@westnipissing.ca

Information / Informations générales

Last name / Nom de Famille		First Name/ Prénom	
Address/Adresse		City/Ville	Postal Code/Code postal
E-mail/ Adresse courriel		Telephone (home) / Téléphone (domicile)	
Telephone (work/cell) / Téléphone (cellulaire/travail)		Date of Birth (YYY/MM/DD) /Date de naissance (AAA/MM/JJ)	

Emergency Contact / Contact en cas d'urgence

Last name / Nom de Famille		First Name/ Prénom	
Telephone (home) / Téléphone (domicile)		Telephone (work/cell) / Téléphone (cellulaire/travail)	
Relationship/ Relation			

I hereby certify the information provided in this application to be accurate and complete. I understand that my personal information included in my application is collected solely by the Municipality of West Nipissing for the purpose of administration and security. By signing below, I consent to the collection, use and necessary disclosure of my personal information for these purposes.

Je certifie par la présente que les informations fournies dans cette demande sont exactes et complètes. Je comprends que mes renseignements personnels inclus dans ma demande sont recueillis uniquement par la Municipalité de Nipissing Ovest à des fins d'administration et de sécurité. En signant ci-dessous, je consens à la collecte, à l'utilisation et à la divulgation nécessaire de mes informations personnelles à ces fins.

Signature (18 years or older/18 ans ou plus)		Date	
Name of parent or guardian/Nom du parent ou tuteur		Signature of Parent or guardian/ du Parent ou tuteur	
Date			



MUNICIPALITY OF WEST NIPISSING

COVID-19 ASSUMPTION OF RISK & RELEASE OF LIABILITY

In consideration of the permission granted by the Municipality of West Nipissing to participate in its programs, I acknowledge and agree as follows (or if applicable I acknowledge and agree on behalf of my minor child as follows):

1. I am not currently experiencing COVID-19 symptoms such as a fever, cough, sore throat, runny nose, flu-like symptoms, or difficulty breathing, nor have I had these symptoms in the last 14 days.
2. I have not travelled outside of Ontario in the last 14 days.
3. I am not currently positive for COVID-19 nor am I waiting for the results of a laboratory test for COVID-19.
4. I have not been identified as a contact of someone who has tested positive for COVID-19 nor have I been asked to self-isolate by a medical professional or by any health agency in Ontario either directly or by its website.
5. I acknowledge COVID-19 has a long incubation period during which carriers of the virus may not show symptoms and still be contagious and that I, or my child, have an elevated risk of contracting Covid-19 by being around other people in a public setting and I hereby assume the risks with respect to acquiring COVID-19 inherent in my, or my child's, participation in the Municipality of West Nipissing programs, including the associated risk of death or severe bodily injury that may accompany COVID-19.
6. I hereby release and save harmless The Corporation of the Municipality of West Nipissing and its employees and representatives from any and all claims and demands associated with my, or my child, acquiring COVID-19, from my participation in the Municipality of West Nipissing programs, due to any cause whatsoever, including negligence, breach of contract, mistakes or errors in judgment. This Release of Liability shall be binding upon my heirs, next of kin, executors, administrators, assigns and representatives.
7. I have read this document in its entirety and fully understand its terms.

Participant's Name _____ Date _____

Signature of Participant (age 18 or older) _____

OR

Name of Custodial Parent or Guardian _____

Signature of Custodial Parent or Guardian _____

Date _____



Community and Recreation Centre Fitness Room

Due to the ongoing COVID-19 pandemic, we have made a few changes to our operating procedures.

Here is an overview of what you can expect upon your return.

Entering the Facility:

- To maintain facility capacity requirements, **your visit to the Fitness Centre will have to be scheduled in advance.**
- Masks are mandatory in the lobby, hallways, elevator and change rooms.
- Arrive at the Recreation Centre at the time of your scheduled visit, in your gym clothes – ready to workout.
- To maintain physical distancing of 2 metres, the facility entrance will be limited to a maximum capacity of 3 individuals. If the lobby is full, you will be required to wait outside of the facility.
- We ask that you perform a COVID-19 Self-Screening at home, prior to attending the Recreation Centre. ([Click here to view the Ministry of Health's Self-Assessment questionnaire](#)). If you have a new or worsening cough, fever, or feel generally unwell, do not attend or enter the facility. COVID-19 screening questions will also be asked by staff at the time of your visit.

In the Change Room:

- Masks are required in all change rooms.
- Gym users will only be permitted access to the change rooms during their booked time (i.e. a gym booking of 6:30 a.m. to 8 a.m. includes your check-in time and change room access.)
- Patrons making use of the change room are required to maintain a physical distancing of 2m.
- New lockers have been installed in the Men's and Women's change rooms. A limited number of lockers will be available to store personal belongings. **You must supply your own lock and remove all items and your lock at the end of your workout session.** Locks left at the end of the day will be cut off by maintenance staff.
- The curtained-off changing areas and showers will not be available.



Dress Code:

- A shirt must be worn at all times in the Fitness Room.
- Dry, closed top athletic shoes must be worn at all times. Bare/ stocking feet are not permitted for safety reasons.
- Absolutely NO outside shoes permitted.
- Clean, dry clothing must be worn.

In the Gym:

- You may remove your mask in the fitness area if you're able to maintain the recommended 2m social distancing requirements.
- It is your responsibility to maintain a minimum distance of 2m from other gym users.
- Do not move or relocate gym equipment.
- All workouts must be completed inside designated stations.
- The use of personal equipment in the gym is prohibited.
- Personal belongings must be stored in the change rooms for the duration of your workout.
- For safety reasons, water bottles need to be pre-filled and brought from home.
- Sanitization stations are set up around the gym. **For an added level of sanitization, you are required to disinfect equipment prior to and following use.**
- Workout circuits are prohibited at this time.
- "Buddy workouts" and "bench spotters" are limited to your immediate social circle.
- Free weights and loose equipment must be returned to racks following use to allow staff to ensure that all equipment surfaces are disinfected properly.
- Be courteous and **limit workout time at each station to no more than 30 minutes** (including cardio machines, lifting stations, and cable machine.)
- The recording of video or photographs of patrons in the gym is strictly prohibited.
- Refrain from shouting while in the weight room. Use of profanity is not tolerated at any time.
- Training clients and/or hosting classes is not permitted in the gym at any time, unless authorized in writing by management.
- Any damage to equipment must be reported to staff immediately. Patrons are required to adhere to any "out of order" signs placed on equipment.
- Should an emergency alarm or power failure occur while in the gym, vacate the facility immediately.
- Headphones are required for patrons choosing to listen to personal music. No portable speakers are permitted.
- Patrons using the gym must be respectful to one another and to staff at all times.
- Bullying, intimidation, threats or physical violence will not be tolerated at any time and will result in immediate expulsion from the facility and a revoking of all future gym privileges

To Book Your workout

Due to capacity restrictions, all visits to the gym be scheduled in advance. Due to contact tracing requirements, drop-in visits are no longer permitted. Scheduling a visit can be completed over the phone.

For general admission to the gym, participants can purchase a 10-pass membership to the Recreation Centre. Facility memberships will be structured around a per-visit cost of \$2.50. The membership will be valid for 10 visits to the Recreation Centre and will allow you to book the pool or gym. Memberships do not expire and can be renewed after 10 visits. Memberships are non-transferrable and cannot be shared amongst multiple people.

Adult/Senior/Student: \$25.00

Age 75+: Free

Once you have purchased a membership, you will be able to book your visits based on availability. The gym schedule will be posted online at westnipissing.ca and will be viewable in advance.

- **Members may book up to three (3) sessions at a time.**
- The schedule will be posted in one-week blocks (Monday – Saturday) and bookings will be taken on a first-come, first-served basis. Bookings for the following week will open on Friday.
- Gym patrons must call the Recreation Centre and register with the Receptionist to book their desired dates and time.

Cancellation Policy

If you are feeling unwell, do not attend or enter Recreation Centre. Please call or email to inform us of your cancellation. Failure to notify staff of your cancellation prior to your scheduled time will result in a visit being deducted from your membership.

Note that two consecutive no-shows will result in a cancellation of your facility membership.



West Nipissing Ovest

**West Nipissing Community and Recreation Centre
Centre communautaire et récréatif de Nipissing Ovest**

219 rue O'Hara St, Sturgeon Falls, ON P2B 1A2

Tel 705-753-0160 | Fax 705-753-6636

reccenterstaff@westnipissing.ca

Please note that failure to adhere to the rules and regulations may result in a cancellation of your Fitness Centre membership and/or expulsion from the facility. Remember that you are on camera at all times when using the Fitness Centre.

These regulations are subject to change due to the ongoing COVID-19 pandemic, the Municipality of West Nipissing reserves the right to make amendments at any time. We appreciate your cooperation in helping to make visits to the gym fun and safe for all users. For more information, please contact the West Nipissing Community and Recreation Centre at (705)753-0160 or by email to RecCenterStaff@westnipissing.ca

Signature

Date

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 <u>and</u> 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 _____

DATE _____

SIGNATURE OF PARENT _____

WITNESS _____

or GUARDIAN (for participants under the age of majority)

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.