

Hill Country Memorial

Wellness Center

Membership Health History & Policies

Member Dress Code

Appropriate athletic attire is required to promote a clean and safe environment. While utilizing fitness facilities and programs within the Wellness Center, users should follow these guidelines:

1. Athletic shoes or sneakers are required at all times while using equipment.
2. Shirts or tank tops must be worn at all times.
3. Shirts should be free of any offensive language or symbols.
4. Shorts must be long enough to cover the buttocks and groin area while exercising.
5. The Wellness Center reserves the right to restrict the use of any apparel deemed inappropriate. Members may be asked to adjust apparel.

This dress code is enforced to create a welcoming and inclusive environment, to prevent disease transmission and to prolong the quality and life of the equipment.

Gym Etiquette

1. If you're sick, stay home!
2. If equipment appears to be in use, ask if you may "work in" to that machine. Always allow others the same courtesy. After use, return the seat and weight to the last user's set up.
3. Refrain from yelling, using profanity, banging weights, use of electronics and making loud sounds.
4. Do not sit on machines between sets.
5. Re-rack weights and return all other equipment and accessories to their proper locations after use.
6. Wipe down all equipment after use with gym wipes.
7. Children and Youth under the age of 14 not participating in a group exercise program must be accompanied and supervised by an adult 18 years and older.
8. Before beginning your workout, wash your hands and limit the use of fragrances.

Poseidon

The fitness pool has an underwater camera system to aid Wellness Center staff. Any object greater than six inches or an immobile person still for 10 seconds will trigger the alarm. Please keep moving.

If You Answered NO To All Questions

If you answered NO honestly to ALL the above 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 health & fitness screening. This is an excellent way to determine your basic fitness 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 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.

Membership Policies

Payment Policy: Payment for all exercise fees are due each month by the 10th. (You pay for each month you come.) Checks, cash or credit cards are accepted. If you have not paid for the previous month of exercise you will not be allowed to use the facility until that past debt is taken care of, unless payment plans have been arranged.

FISD will payroll deduct and make the payment on employee's behalf for the months of Sept - Aug.

Check-In Policy: You are asked to check in each time you use the facility, prior to working out. The check-in system is located at the front desk. If your name is not included on the list, please inform us.

Health & Fitness Screening: This screening is part of your annual membership benefits. It is your responsibility to schedule your appointment. Please call or sign up at front desk for your appointment. There is no charge for this one time a year service.

Personal Safety: Please do not utilize the facility if you are under the influence of alcohol or drugs (not prescribed by your doctor). If our staff suspects that you are, for your safety, you will be asked to leave.

Pool Rules

1. I understand that I am responsible for my own safety while in the pool. * **There are NO lifeguards on duty.** * Please for your own safety: Do not use pool if you are feeling overtired, overheated or ill. Always enter the pool feet first. No Diving! Do not chew gum or eat while you swim, you could easily choke. No extended underwater breath holding allowed.
2. It is recommended that you wear water shoes to protect your feet, to help assure good footing and to provide support.
3. Aqua-wear: Any type of cut-offs or diapers are not allowed in pool. T-shirts and sewn shorts are OK. Swimming diapers are available at HEB and are recommended for use in pool.
4. I understand that my exercise heart rate (Beats per minute) will be lower when using the fitness pool because of the cooler water temperature. (10-15 BPM lower) Your exercise benefits are not lowered.
5. I understand that I am not to use the pool if I have an open wound. Exceptions are made only with doctor's written permission.
6. Children under 14 years old are not allowed in the pool without direct supervision of an adult. (Adult must be in water within arms reach of child).
7. We encourage everyone to shower before entering the pool, especially if you are wearing any type of lotion, ointment, deodorant, etc. (Your skin will have less chances of becoming irritated.) We also encourage you to shower after pool use.

Hill Country Memorial Wellness Center

Health History & Medical Clearance

Membership & Pool Policies

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 more physically active than you are now, start by answering the eight questions in the box below. If you are between the ages of 15 and 69, this form will determine if you should check with your doctor before you start. If you are over 69 years of age, and you are not use 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

1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? If Yes, explain condition: _____
2. Do you feel pain in your chest or marked increase in your breathing when you do physical activity?
3. In the past month, have you had chest pain when you were not doing physical activity?
4. Do you lose your balance because of dizziness or do you ever lose consciousness?
5. Has your doctor ever told you not to exercise due to a bone or joint problem that could be made worse by a change in your physical activity? If Yes, explain condition: _____
6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
7. Do you know of any other reason why you should not do physical activity?
8. Are you an insulin dependent Diabetic?

Comments: _____

If You Answered YES to One or More Questions

Talk with your doctor by phone or in person BEFORE you start becoming more physically active or BEFORE you have a fitness appraisal. Tell your doctor about this form 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 advise.
- Find out which exercise programs are safe and helpful for you.

For my safety, I understand that the staff of the Wellness Center may require my doctor's approval before I am allowed to participate in an exercise program.



Name: _____ Date: _____

Address: _____ City _____ ZIP _____

Phone Number: _____ e-mail address: _____

Wellness Center use only

Date of Birth: _____ Age: _____

Doctor's Name: _____ Phone Number: _____

In Case Of Emergency, Please Contact: _____ Phone: _____

I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction. I have read and understood the above rules and policies. I take FULL responsibility for my health and safety when using the Wellness Center facilities. I also understand that this signed document will be placed in my membership file along with my screening results. A copy of these forms can be made for me upon my request.

SIGNATURE: _____

SIGNATURE OF PARENT _____

or Guardian (for participants under the age of 18)

OFFICE USE ONLY

Fee's Paid: Membership Fee: \$40 Exercise Fee Paid: Option #1 Start Date: _____

Membership Fee waived for FISD employee

Renewed Membership

Other: _____

Option # 2

Club Fit

Monthly Guest

Visitor

Tour Given Equipment Orientation scheduled for: _____

Health & Fitness Assesment Scheduled For: _____

CC

Amount Paid: \$ _____ Cash Check # _____ Wellness Employee Signature: _____