

# FITNESS AND HEALTH CLUB APPLICATION

The Corporation of the Town of Whitby  
 555 Rossland Road East, Whitby, ON L1N 2M8  
 T: 905.666.1991 | [whitby.ca](http://whitby.ca)



Are you a new applicant?	<input type="radio"/> Yes <input type="radio"/> No
If no, has your home address, email address or telephone number changed since your last registration?	<input type="radio"/> Yes <input type="radio"/> No

## Participant Information – Separate applications are required for each member over the age of 14

Last Name:		First Name:	
Date of Birth: (dd/mm/yyyy)		Gender:	
Home Address:			
City/Town:		Postal Code:	
Home Phone:		Cell Phone:	
Email Address:			
<b>Emergency Contact</b>			
Name:	Phone Number:		Relationship:

## Please indicate which program or membership you would like to purchase

Health Club Membership		Group Fitness Pass		Personal Training Packages	
<input type="checkbox"/>	Day Pass	<input type="checkbox"/>	10 Class Pass	<input type="checkbox"/>	1 session
<input type="checkbox"/>	3 Month	<input type="checkbox"/>	20 Class Pass	<input type="checkbox"/>	5 sessions
<input type="checkbox"/>	12 Month	<input type="checkbox"/>	Sessional Fit Pass	<input type="checkbox"/>	10 sessions

**Other pass or membership not indicated above:**

## Please indicate your age-based category

<input type="checkbox"/>	Adult 18-54	<input type="checkbox"/>	Adult 55+	<input type="checkbox"/>	Youth 14-17
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**Please complete the attached Get Active Questionnaire. This questionnaire is intended for all ages - to help move you along the path to becoming more physically active.**

Get Active Questionnaire completed?	<input type="radio"/> Yes <input type="radio"/> No
Declaration signed by participant or parent/guardian if applicable?	<input type="radio"/> Yes <input type="radio"/> No

## Payment

Total: \$	Payment Date (dd/mm/yyyy)
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# TERMS AND CONDITIONS

The minimum age to access the Health Club or group fitness classes is 14. Memberships are non-transferrable.

Before taking part in any Town of Whitby fitness programs we require that you complete a Get Active Questionnaire. This is a pre-exercise screening tool designed by the Canadian Society of Exercise Physiology (CSEP) to help ensure you have a safe physical activity experience.

The Town of Whitby is not responsible for lost or stolen items.

## Health Club Code of Conduct

To ensure a safe and positive experience, all Health Club members are required to follow posted Health Club and pool policies in addition to the following:

- Clean, dry athletic/training shoes must be worn at all times in the Health Club. Sandals, crocks, dress shoes and boots are not permitted.
- All bags, jackets and coats must be kept in lockers within the changing rooms or coat racks. We do not permit gym bags on the gym floor.
- Taking selfies, photos or video recordings of any kind are strictly prohibited in the entire facility including the Health Club, bathrooms and change rooms.
- Cell phones and recording devices are banned from change rooms and washrooms.
- Headphones must be worn when listening to personal media devices in the Health Club. Talking on the phone while in the Health Club is strongly discouraged. Speaker phone use is not permitted in order to minimize disruption to other members. Please excuse yourself to the lobby if you need to take a call.
- Use of the fitness equipment is on a first come, first-serve basis. Please limit your time to 30 minutes maximum per piece of equipment. Avoid resting on equipment between sets and allow other members to use machines when resting between sets.
- Do not drop or bang free weights, cable stacks or weight machines– it is disruptive to members and damaging to equipment. Please keep noise to a minimum including excessive grunting.
- Unload all weight plates after use and return all equipment including plates, dumbbells, barbells, cable attachments etc. to their storage locations after use.
- Please wipe off cardio and/or resistance machines after each use. Disinfectant spray and paper towels are provided in the Health Club.
- Report any broken or malfunctioning equipment to Fitness staff.
- Food is not permitted in the Health Club. All liquids must be in a container with a sealed lid.
- Members are expected to adhere to the Public Code of Conduct and be respectful towards other members, patrons and staff.
- Bring your membership card each time you visit our facility.
- The Town of Whitby is a fragrance-free environment.
- Exit the Facility prior to the scheduled facility closing times.
- Staff reserve the right to remove any person for unacceptable behavior including but not limited to vandalism, theft, offensive language, selling/soliciting products or services including personal training, unauthorized photography or any other public code of conduct violations.

## Membership Changeroom Policies

- Remove all personal belongings from the lockers after workout.
- Individuals are required to shower prior to using the Whirlpool or Sauna.

- Attire that is worn in either the Whirlpool or Sauna must be clean prior to entering.
- Please keep your belongings in a locker, do not leave personal items or clothing in the change room, sauna or vanity areas.
- Do not place wet or dry items in the sauna or on the sauna elements.
- Oils, lotions, exfoliators, hair removal or shaving items are not permitted in the sauna or whirlpool.
- Do not spray water on the walls, floors, thermostat, rocks or elements of the sauna.
- A maximum time limit of 15 minutes is recommended for the Hot Tub or Sauna.
- Pregnant, elderly or those with respiratory, cardiovascular or other medical conditions should not use the hot tub or sauna without prior medical approval. Please be advised that prescribed or over the counter medications may have an adverse effect and hot tub and sauna use are not recommended without medical consultation and consent.

## Group Fitness Pass Policies

Participants must be 14 years of age to take part in group fitness programs.

- Fitness class passes allow users to attend group fitness classes on a drop-in basis where space permits.
- Refunds will not be provided for missed classes. Should we need to cancel a class we will provide a credit in the event we cannot make-up a class.
- Participants are encouraged to come dressed and ready to workout with indoor shoes and a bottle of water.
- Those arriving late for class may be denied entry.
- Lockers are available in public changing rooms for personal belongings.
- All Pass Holders (sessional, 10 pass, 20 pass or drop in) will be required to stop by the reception desk where you will scan your group fitness card, sign in on the attendance sheet and be provided with a wristband for the class you are attending.
- Registered participants get first access to the class and remaining spaces will be provided to pass holders on a first come first serve basis.
- Pass holders can be checked in no earlier than 15 minutes prior to the class start time.
- Clean equipment after use with provided paper towels and sanitizer.

## Health Club Membership Hold Policy

Annual health club members are entitled to hold once per membership term. Holds must be minimum hold of 1 month, but not to exceed 6 months in order to be approved.

Reception must be notified prior to date of absence. All hold requests are subject to an administration fee of \$10. If your membership is paid through the pre-authorized payment plan your payments will continue to be withdrawn. The membership hold duration is added to the membership expiry date and no payments will be deducted during the extended membership period.

## Membership Cancellations

Cancellations must be submitted to reception within the time frame of membership. A pro-rated credit or refund will be issued as of the date submitted. An administration fee will be applied for refunds.

If you decide to cancel your membership within 10 days of joining, you may choose a full refund, or a credit can be applied to your account with the value of the funds received for your membership.

# WAIVER

**Recommendation:** I and/or my guardian (collectively the "Participant"), have been urged to consult with the Participant's family doctor prior to participating in activity(ies)/ program(s)/ event(s) offered by The Corporation of the Town of Whitby (the "Town").

**COVID-19:** The Participant declares they are participating in the above-noted activity(ies)/ program(s)/ event(s) voluntarily and acknowledges they may be subject to screening for COVID-19, and may be denied entry to the activity(ies)/ program(s)/ event(s) where they fail the screening questions. The Participant voluntarily assumes any and all risks associated with exposure to COVID-19, which risks include but are not limited to the risk of personal injury, illness and death. The Participant agrees to comply with all applicable Provincial Orders, Provincial and Regional Public Health directives and guidelines, and Town policies and procedures related to COVID-19 in effect at the time of the activity(ies)/ program(s)/ event(s).

**Assumption of Risks:** The Participant acknowledges that the Participant is physically and medically fit to participate and voluntarily assumes any risk of injury or damage in connection with the participating in the above-noted activity(ies)/ program(s)/ event(s). This activity(ies)/ program(s)/ event(s) may present various elements of risk and may be unsupervised. Accidents resulting from such activity(ies)/ program(s)/ event(s) may occur and cause injury. The Participant assumes the risk associated with the activity(ies)/ program(s)/ event(s). The Participant agrees to take appropriate safety precautions to ensure their own safety. Engaging in group activities/ programs/ events presents various risks, including the risk of exposure to COVID-19. The Participant voluntarily assumes any and all risks associated with exposure to COVID-19, which risks include, but are not limited to, the risk of personal injury, illness, and death, which the Participant may be exposed to by participating in this activity(ies)/ program(s)/ event(s).

**Waiver of Liability, Release and Indemnification:** In consideration of the Participant being permitted to participate in any activity(ies)/program(s)/ events(s) offered by the Town, the Participant, themselves, their heirs, executors, administrators, successors and assigns does hereby release and forever discharge, waive and save harmless, defend, protect and keep indemnified the Town and all of its respective agents, employees and representatives from and against any and all kinds of actions, claims, costs, expenses and demands in respect of death, injury, loss or damage, to the Participant's person or property however caused arising out of the Participant being permitted to attend at or in any way take part prior to, during or subsequent to the activity(ies)/ program(s)/ events(s) as a participant.

**Consent to Medical Treatment:** The Participant hereby gives their permission for the Town to provide or arrange for such first aid or other medical treatment or care, including but not limited to transportation to hospital, as such employee may consider necessary or advisable. The Participant understands that all costs related to such actions shall be the Participant's responsibility and the Participant agrees to pay for and/or reimburse the Town for whatever costs that are incurred.

**Photo Waiver:** The Participant acknowledges that the Town, in the course of all program activities, may take photos and audio and/ or visual records may be made. The Participant irrevocably agrees that the Town, its successors, assigns and licensees may use these photographs/ videos, if so desired, in any and all media of any nature whatsoever, whether now known or hereafter devised, for the purpose of promoting and advertising the Town and its programs, without the

payment of compensation. The Participant hereby releases and forever discharges the Town and its employees and representatives from all claims, obligations and liabilities of every kind arising from the Town's use of the photographs/videos. The Participant acknowledges and agrees that the Town shall own all rights to all photographs/videos of the Participant made by it, its employees and representatives, at any time or times before or after the date hereof.

**Electronic Signature:** By checking the "Agree to Waiver" box, the Participant is signing this Waiver electronically. The Participant agrees their electronic signature is the legal equivalent of their manual signature on this Waiver. The Participant consents to be legally bound by this Waiver's terms and conditions. The Participant further agrees that their use of a key pad, mouse or other device to select an item, button, icon or similar act/action, or to otherwise provide the Town instructions via ActiveNet, or in accessing or making any transaction regarding any agreement, acknowledgement, consent/terms, disclosures or conditions constitutes their signature (hereafter referred to as "E-Signature"), acceptance and agreement as if actually signed by the Participant in writing. The Participant also agrees that no certification authority or other third party verification is necessary to validate their E-Signature and that the lack of such certification or third party verification will not in any way affect the validity and enforceability of their E-Signature or any resulting contract between the Participant and the Town. The Participant also represent that they are authorized to enter into this Waiver for all persons who own or are authorized to access any of their accounts and that such persons will be bound by the terms of this Waiver. The Participant further agrees that each use of their E-Signature in obtaining a Town ActiveNet service constitutes your agreement to be bound by the terms and conditions of the Town's online Waiver as it exists on the date of their E-Signature.

**Personal Information:** The Participant understands that personal information collected on this form is collected under the authority of the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. M.56 and will be used for the purpose of program registration, payment, aggregate statistical reporting and allocation of staff resources. Questions of this collection should be address The Corporation of the Town of Whitby, Records Manager, 575 Rossland Road East, Whitby, ON L1N 2M8.

**Acknowledgement:** I acknowledge that I am at least eighteen (18) years of age and have CAREFULLY READ, UNDERSTOOD, AND WILL ABIDE by The Corporation of the Town of Whitby's Public Code of Conduct, Privacy Policy, and Terms of the activity(ies)/ program(s)/ event(s).

If you do not understand the content of the Waiver, or this acknowledgement, please contact the Community Services Department at 905.430.4310 for assistance.

Signature:
Print Name:
Date: (dd/mm/yyyy)
If under 18 years of age, Parent or Guardian signature is required below
Parent/Guardian Signature:
Print Name:
Date: (dd/mm/yyyy)

**Members looking to schedule an appointment for a complimentary fitness assessment please bring the completed Get Active Questionnaire to the Health Club Fitness Staff for further screening and to schedule your appointment.**

As a health club member, you are entitled to one fitness assessment and personalized program as well as a follow up assessment after three months. Our qualified fitness staff will modify and/or progress your training program once a follow up assessment has been completed.

We utilize the **CSEP Physical Activity Training for Health (PATH)** physical fitness assessment and counselling strategy to assist members to better understand their current fitness level and make positive health changes.

This test is administered by a qualified member of the Canadian Society of Exercise Physiology (CSEP), the gold standard for testing and exercise science in Canada. The CSEP-PATH assessment is commonly used as a measure for the health-related fitness of the general population. The test is administered on over a million Canadians each year!

The **CSEP-PATH** assessment is a standardized fitness test that looks at baseline health, cardiovascular fitness, musculoskeletal fitness and flexibility. This assessment is great for athletes or the general population that are looking to understand their current fitness levels. This assessment is also used for future firefighters and paramedics as an entrance requirement for training programs. Upon completion of this assessment, you will receive a summary or 'snapshot' of your current health related fitness. This summary provides a foundation for your 'action plan' to help you reach your health goals. The assessment usually takes about an hour to complete.

Once you have completed your assessment our fitness staff will design a program to get you started in the health club and will provide you with an orientation on the equipment that will be utilized during your workouts.

Members looking to schedule an appointment for a complimentary fitness assessment must complete the Get Active Questionnaire as well as other pre screening protocols with our fitness staff. Medical clearance may be required prior to conducting an assessment for some individuals.

For more information visit the fitness programmer desk in the Health Club or call us at 905.444.1857. We look forward to assisting you in reaching your health and fitness goals!

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Physical activity improves your physical and mental health. Even small amounts of physical activity are good, and more is better.

For almost everyone, the benefits of physical activity far outweigh any risks. For some individuals, specific advice from a Qualified Exercise Professional (QEP – has post-secondary education in exercise sciences and an advanced certification in the area – see [csep.ca/certifications](http://csep.ca/certifications)) or health care provider is advisable. This questionnaire is intended for all ages – to help move you along the path to becoming more physically active.

- I am completing this questionnaire for myself.
- I am completing this questionnaire for my child/dependent as parent/guardian.

## PREPARE TO BECOME MORE ACTIVE

The following questions will help to ensure that you have a safe physical activity experience. Please answer **YES** or **NO** to each question before you become more physically active. If you are unsure about any question, answer **YES**.

**1** Have you experienced **ANY** of the following (A to F) **within the past six months?**

- A** A diagnosis of/treatment for heart disease or stroke, or pain/discomfort/pressure in your chest during activities of daily living or during physical activity?
- B** A diagnosis of/treatment for high blood pressure (BP), or a resting BP of 160/90 mmHg or higher?
- C** Dizziness or lightheadedness during physical activity?
- D** Shortness of breath at rest?
- E** Loss of consciousness/fainting for any reason?
- F** Concussion?

**2** Do you currently have pain or swelling in any part of your body (such as from an injury, acute flare-up of arthritis, or back pain) that affects your ability to be physically active?

**3** Has a health care provider told you that you should avoid or modify certain types of physical activity?

**4** Do you have any other medical or physical condition (such as diabetes, cancer, osteoporosis, asthma, spinal cord injury) that may affect your ability to be physically active?

..... ➤ **NO** to all questions: go to Page 2 – ASSESS YOUR CURRENT PHYSICAL ACTIVITY .....

**YES** to any question: go to Reference Document – ADVICE ON WHAT TO DO IF YOU HAVE A YES RESPONSE ... ➤ ➤

## ASSESS YOUR CURRENT PHYSICAL ACTIVITY

Answer the following questions to assess how active you are now.

- 1 During a typical week, on how many days do you do moderate- to vigorous-intensity aerobic physical activity (such as brisk walking, cycling or jogging)?  DAYS/WEEK
  - 2 On days that you do at least moderate-intensity aerobic physical activity (e.g., brisk walking), for how many minutes do you do this activity?  MINUTES/DAY
- For adults, please multiply your average number of days/week by the average number of minutes/day:  MINUTES/WEEK

Canadian 24-Hour Movement Guidelines recommend that adults accumulate at least 150 minutes of moderate- to vigorous-intensity physical activity per week. For children and youth, at least 60 minutes daily is recommended. Strengthening muscles and bones at least two times per week for adults, and three times per week for children and youth, is also recommended (see [csep.ca/guidelines](http://csep.ca/guidelines)).

## GENERAL ADVICE FOR BECOMING MORE ACTIVE

Increase your physical activity gradually so that you have a positive experience. Build physical activities that you enjoy into your day (e.g., take a walk with a friend, ride your bike to school or work) and reduce your sedentary behaviour (e.g., prolonged sitting).

If you want to do **vigorous-intensity physical activity** (i.e., physical activity at an intensity that makes it hard to carry on a conversation), and you do not meet minimum physical activity recommendations noted above, consult a Qualified Exercise Professional (QEP) beforehand. This can help ensure that your physical activity is safe and suitable for your circumstances.

Physical activity is also an important part of a healthy pregnancy.

Delay becoming more active if you are not feeling well because of a temporary illness.

## DECLARATION

To the best of my knowledge, all of the information I have supplied on this questionnaire is correct.  
If my health changes, I will complete this questionnaire again.

I answered **NO** to all questions on Page 1



Sign and date the Declaration below



I answered **YES** to any question on Page 1

Check the box below that applies to you:

- I have consulted a health care provider or Qualified Exercise Professional (QEP) who has recommended that I become more physically active.
- I am comfortable with becoming more physically active on my own without consulting a health care provider or QEP.

Name (+ Name of Parent/Guardian if applicable) [Please print]

Signature (or Signature of Parent/Guardian if applicable)

Date of Birth

Date

Email (optional)

Telephone (optional)

With planning and support you can enjoy the benefits of becoming more physically active. A QEP can help.

- Check this box if you would like to consult a QEP about becoming more physically active.  
(This completed questionnaire will help the QEP get to know you and understand your needs.)