

# **BPCC Fitness Center Policies**

Policies are subject to change at any time at the discretion of the Belle Plaine Community Center and the City of Belle Plaine.

## **Age Limits**

No one under the age of 18 years of age will be allowed in the fitness center at any time. If these rules are broken, we will revoke membership privileges with NO refund.

## **Members Only**

Only paid members will be allowed to use the fitness center. Members are PROHIBITED from bringing guests into the fitness center unless they have purchased a guest pass PRIOR to access.

Guests may purchase a daily usage permit from the City Building during regular office hours. If purchasing a family membership, only immediate family members, which include dependent children and spouses only in the current household who are 18 years and older will be allowed access to the fitness center. Dependents over the age of 22 must be legal dependents.

If your membership renewals are not paid, your key access will be turned off until fees are paid. It is the responsibility of each primary member to make sure fees are paid on time so access is not interrupted.

## **Attire**

The BPCC Fitness Center is a family-friendly facility; please dress appropriately. Athletic shoes must be worn. Open-toed shoes are prohibited in the fitness center. Shoes must be clean upon entering the fitness center.

## **Participant Behavior**

All fitness members must help create a friendly safe atmosphere in the fitness center at all times. Any altercations with other fitness members and/or BPCC Staff will not be tolerated and will result in the termination of fitness member privileges.

## **Injury and First Aid**

In the event that you or someone else becomes injured:

- For minor injuries (cuts, abrasions, etc.), a first aid kit is located in the BPCC Fitness Center on the wall near the entrance.
- For serious injuries that need medical treatment, dial 911.
- Report all injuries to the City Building during business hours.

## **Power Outages**

The door to the fitness center has a fail safe which will allow you to exit the fitness center without power to the door strike. There are also emergency exit lights allowing you to see in case of a power outage.

## **Fire**

In the event of a fire, or if you smell or see smoke, exit the building immediately and call 911 from a cell phone or nearby business or home.

**Clean Up**

All members must clean equipment after use. Disinfectant wipes are provided. Please turn off equipment, televisions, and lights when you leave and the room is empty. All members must wear clean shoes in the fitness center.

**Violations or Damage**

Members are required to report any violations of rules or damages to equipment and facilities to the BPCC Office or City Building during office hours. Violations of any policies and rules WILL result in memberships being revoked without a refund.

**Membership Refunds**

Membership fees are non-refundable or transferable. Special circumstances will be considered on a case by case basis.

**Insurance Statement**

The Belle Plaine Community Center does not provide accident insurance for injuries sustained during BPCC activities. Members and community participants participate in programs and use the facilities at their own risk, and are encouraged to have personal medical insurance coverage.

**Miscellaneous**

These policies are only a general description of BPCC Fitness Center policies; you must follow any other instructions provided to you by the BPCC staff members or by posted signage. If you have any questions or concerns on how to use the equipment, ask a BPCC staff member. You must not use the equipment if uncertain how it works. If these rules are broken, we will revoke membership privileges with NO refund.

# BPCC Fitness Center Policy Acknowledgement and Release Form

**Member Acknowledgement & Release:**

I acknowledge and agree that I have been provided a copy of the fitness center policies and rules. I understand and will abide by all policies listed and any posted rules and signage in the fitness center, or any directions from BPCC staff. I understand the risks; including serious injury and/or death associated with using exercise equipment and exercising alone without the aid of a trainer or supervision and without the presence of fitness center or BPCC staff on the premises. I hereby release and agree to indemnify the Belle Plaine Community Center and the City of Belle Plaine, its officers, agents, board members, employees, instructors and their insurers from any incident that may arise out of or in connection with my using any of the equipment or facilities of the BPCC Fitness Center or any incident that occurs while using the fitness center's facilities. I understand if these rules are broken, the BPCC will revoke membership privileges with NO refund.

Print Name

Signature

Primary Member \_\_\_\_\_ Date \_\_\_\_\_

Member 2 \_\_\_\_\_ Date \_\_\_\_\_

Member 3 \_\_\_\_\_ Date \_\_\_\_\_

Member 4 \_\_\_\_\_ Date \_\_\_\_\_

# BPCC Fitness Center

## MEMBERSHIP APPLICATION

Please fill out each blank completely, printing clearly in blue or black ink. (No pencil).

SECTION 1 (For All Memberships)					
Primary Member's Name:		Date of Birth:			
Home Address:		Gender:			
City:		Home Phone:			
State:		Email:			
Zip:					
Emergency Contact Name:		Emergency Contact Phone:			
SECTION 2 (For Family Memberships Only)					
Spouse's Name:		Date of Birth:			
Home Phone:		Gender:			
Email:					
Dependent Children 18 or full-time college students up to 22. No children under the age of 18 are permitted in the fitness center at any time.					
Dependents Name:		Date of Birth:	Gender:		
Dependents Name:		Date of Birth:	Gender:		
Dependents Name:		Date of Birth:	Gender:		
Dependents Name:		Date of Birth:	Gender:		
SECTION 3 (For All Memberships) \$5 Fee per card issued with a maximum of 2 cards per household.					
	<b>Family Membership (4 per household)</b>	\$25/month		<b>Individual Membership</b>	\$15/month
	<b>\$5 per add'l family member</b>				
	<b>Senior 55+ Membership</b>	\$10/month		<b>Student Membership</b>	\$10/month

OFFICE USE ONLY		REQUIRED FORMS RECEIVED	
Payment Amount:			Membership Application
Payment Method:			Release and Assumption of Risk
Date Received:			Policy Acknowledgement and Release
Staff Member:			Physical Activity Readiness