

## **Fitness Center**

### **Membership Package**

Welcome to the Brookdale Community College Fitness Center. Enclosed you will find the following information related to your membership:

- Membership Eligibility & Services
- Guidelines for Use of the Fitness Center
- Member Data Sheet
- Fitness Screening Form
- Evaluation Procedures
- Informed Consent / Waiver Form
- Physician Statement and Clearance Form

If you have questions related to any aspect of your membership, please do not hesitate to contact a staff member.

### **Mission Statement**

The **Fitness Center's** mission is to provide a safe and friendly workout environment, supported by professional services that promote life-long health and wellness.

### **Hours of Operation**

Monday through Friday	6:30 AM to 8:30 PM
Saturday & Sunday	8:00 AM to 3:00 PM

The Center is open year round, including most major holidays. For information on emergency closings please check the BCC website - [brookdalecc.edu](http://brookdalecc.edu), listen to WBJB 90.5-FM, or call the Center at 732-224-2562 for a recorded message.

## Membership Eligibility & Services

The Center is open to individuals aged 18 and older. Children 15 and older may join as part of a Family Membership, but must be accompanied by a parent or legal guardian when using the facility. Any individual utilizing the Fitness Center is considered a Member and is bound by the rules and regulations associated with Membership.

Prior to starting any new exercise program we recommend that you consult with a physician. Our staff are authorized to restrict your exercise program if they feel that it may compromise your health or safety.

You will be required to fill out a **Fitness Screening Form** and sign the **Informed Consent / Waiver Form**. If you have any medical conditions that may impact your fitness routine, or that you believe we should be aware of, you may provide that information to us.

A **Fitness Evaluation** is required of all new members. The evaluation will provide a baseline for you and will assist us in developing an exercise program tailored to your specific goals. Cards are available for you to track your progress, and can be updated as your goals and needs change. Follow up evaluations are recommended to ensure that you are meeting your fitness goals, there is a nominal charge for any follow up evaluations.

The date for renewal of your membership is found on your profile page that is filed in the Fitness Center. Your membership may be extended for documented medical absences only. If you have a lapse in membership that exceeds 6 months you will need to schedule an evaluation and fill out an updated Fitness Screening Form.

Your safety is important to us. If you need assistance or instruction in the use of a piece of equipment or with any exercise, please see a staff member. Please advise a staff member if you see any equipment that may need to be serviced.

Please familiarize yourself with the Guidelines for use of the Fitness Center. These rules are in place to ensure that the facility operates in a safe and efficient manner.

If you have any questions, please contact a staff member. We hope that you will have a positive experience and meet your fitness goals.

## **GUIDELINES FOR USE OF THE FITNESS CENTER**

- Everyone must sign in at the desk—no exceptions.
- Proper athletic attire is required; athletic shoes and shirts must be worn at all times.
- Cell phones are not permitted on the exercise floor.
- Please be considerate by cleaning machines after each use. Paper towels and cleaner are available.
- We suggest you bring a towel for your personal use.
- Lockers are available for Fitness Center use only. Bring your own lock which cannot be left on overnight. We recommend that you lock your valuables.
- No food or drinks on the exercise floor; water only in plastic containers.
- Feel free to bring an iPod or a Walkman to tune into our Cardio Theater. The television and radio are for everyone's enjoyment. Please see a staff member if you wish any adjustments to be made.
- Guests, including children, are not permitted on the exercise floor.
- If you would like to review your workout program or use a piece of equipment that you have not previously used, please ask a staff member for assistance.
- Please re-stack weights after use in weight rooms.
- Please notify a staff member if you have a change in your health status that may impact your workout routine.
- The outside doors to the Fitness Center will be locked 30-minutes prior to closing. If you intend to shower please allow adequate time so that you are out of the facility by closing time.
- For emergency closings please listen to WBJB, 90.5 FM, check the Brookdale Web Site, or call 732-224-2562 for a recorded message.
- Failure to adhere to these Guidelines may result in loss of Fitness Center privileges.



## *Fitness Screening Questionnaire*

1. What are your exercise goals? Check all that apply:

- |   |  |
|---|--|
| <input type="checkbox"/> Weight Loss                  | <input type="checkbox"/> Weight Gain       |
| <input type="checkbox"/> Shaping & Toning             | <input type="checkbox"/> Build Muscle      |
| <input type="checkbox"/> Build Strength               | <input type="checkbox"/> Overall Health    |
| <input type="checkbox"/> Lower Blood Pressure         | <input type="checkbox"/> Lower Cholesterol |
| <input type="checkbox"/> Other (please explain) _____ |  |
| _____   |  |
| _____   |  |
| _____   |  |

2. How many days per week do you plan on working out? \_\_\_\_\_

3. What time of day do you plan on working out? \_\_\_\_\_

4. How much time do you have to devote to exercise each day? \_\_\_\_\_

5. Are there certain areas of your body on which you want to concentrate? \_\_\_\_\_

\_\_\_\_\_

6. Do you consider your occupation to be sedentary, moderately active or active? \_\_\_\_\_

7. Are there any medical conditions that we should be aware of, or that may impact your fitness program? \_\_\_\_\_

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8. What type of cardiovascular exercises do you prefer? Check all that apply:

- |   |   |
|---|---|
| <input type="checkbox"/> Treadmill              | <input type="checkbox"/> Rowing               |
| <input type="checkbox"/> Bike                   | <input type="checkbox"/> Stairs               |
| <input type="checkbox"/> Elliptical/Arc Trainer | <input type="checkbox"/> Crossrobics          |
| <input type="checkbox"/> Kayak                  | <input type="checkbox"/> Upper Body Ergometer |
| <input type="checkbox"/> Other _____            |   |
| _____   |   |
| _____   |   |

9. What type of resistance training do you prefer? Check all that apply:

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> Machines     | <input type="checkbox"/> Stability Balls |
| <input type="checkbox"/> Free Weights | <input type="checkbox"/> Cables          |
| <input type="checkbox"/> Bands        | <input type="checkbox"/> Floor work      |
| <input type="checkbox"/> Other _____  |  |
| _____                                 |  |

10. If you currently exercise, what type of exercise do you do and how often? \_\_\_\_\_

11. What types of fitness programming do you prefer? Check all that apply:

- |   |   |
|---|---|
| <input type="checkbox"/> Pilates                | <input type="checkbox"/> Group Exercise         |
| <input type="checkbox"/> Yoga                   | <input type="checkbox"/> Kickboxing             |
| <input type="checkbox"/> Core Training          | <input type="checkbox"/> Ball/Band Workout      |
| <input type="checkbox"/> Senior Workouts        | <input type="checkbox"/> Sport Specific Classes |
| <input type="checkbox"/> Strengthen and Stretch | <input type="checkbox"/> Spinning               |
| <input type="checkbox"/> Other (list) _____     |   |

11. Are you involved in any recreational activities (i.e. tennis, golf, basketball)? \_\_\_\_\_

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This Physical Activity Readiness Questionnaire (PAR-Q) was developed by the American College of Sports Medicine to help determine your suitability for beginning an exercise routine or program. Before you begin any exercise program, take a fitness test, or substantially increase your level of activity, you must answer the following questions.

- Yes**  **No**  Has a doctor ever said that you have a heart condition or that you should participate in physical activity only as recommended by a doctor?
- Yes**  **No**  Do you feel pain in your chest during physical activity?
- Yes**  **No**  In the past month, have you had chest pain when you were not doing physical activity?
- Yes**  **No**  Have you lost consciousness or fallen as a result of dizziness?
- Yes**  **No**  Do you have a bone or joint problem that could be made worse by a change in your physical activity?
- Yes**  **No**  Is your doctor currently prescribing drugs for your blood pressure or a heart condition?
- Yes**  **No**  Do you know of any reason you should not participate in physical activity?

**If you answered yes to one or more questions, or if you are concerned about your health, you should consult with a physician before taking a fitness test or substantially increasing your physical activity.** If you answered no to each question, then it's likely that you can safely begin fitness testing and training. Our staff is authorized to make a determination as to whether or not you can safely participate in an exercise program.

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If you are interested in additional information related to physical activity and your health (including pregnancy) please see a member of the staff.

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Signature \_\_\_\_\_ Date \_\_\_\_\_

(Under 18) Parent \_\_\_\_\_ or Legal Guardian Signature \_\_\_\_\_

## *Fitness Evaluation Procedures*

Prior to scheduling your fitness evaluation make sure you have completed the Fitness Screening form.

1. You must make an appointment for your Fitness Evaluation. Call 732- 224-2562 or come to the Fitness Center to make an appointment.

Evaluation Date	Day	Time
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2. Please bring the membership package with you on the day of your evaluation where it will be reviewed by our professional staff.
3. The evaluation will take approximately 30 minutes. Please arrive 5-10 minutes prior to your scheduled time.
4. Please do not smoke or eat excessively (light snacks only) for two hours prior to your Fitness Evaluation. Please do not participate in any strenuous exercise for a period of eight hours prior to the evaluation. It is important to follow these guidelines because they may affect your test results.
5. Workout apparel and athletic shoes are required.
6. A good night's rest (6-8 hours) prior to the evaluation is important.
7. Upon completion of your Fitness Evaluation, a personalized fitness program will be designed for you.

## Fitness Center

### Informed Consent/Waiver –

I \_\_\_\_\_ acknowledge that by signing this document, I have voluntarily chosen to participate in a program of progressive physical exercise, which may include an evaluation, that can enhance the musculoskeletal and cardiorespiratory systems. In signing this document, I acknowledge being informed of the possible strenuous nature of the program and the potential for unusual, but possible physiological results including, but not limited to, abnormal blood pressure, fainting, heart attack or death.

I am aware that consultation with a physician is recommended prior to initiating any exercise program. By signing this document, I assume all risk for my health and well being and hold harmless of any responsibility, the instructor, facility or any persons involved with this program and testing procedures. I understand that questions about exercise procedures and recommendations are encouraged.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

(Under 18) Parent \_\_\_\_\_ or Legal Guardian Signature \_\_\_\_\_



FITNESS CENTER  
PHYSICIAN STATEMENT AND CLEARANCE FORM

Dear Doctor \_\_\_\_\_,

We are pleased to inform you that your patient \_\_\_\_\_ has decided to participate in the Brookdale Community College Fitness Center exercise program. We ask that you kindly complete the form **and return it to the patient or directly to the Center at your earliest convenience.**

At the Brookdale Fitness Center our member’s safety is our primary concern. For that reason, we comply with the health and fitness standards of the American College of Sports Medicine. We ask that medical clearance be obtained for anyone with a history of, or are currently being treated for, any disease, condition, illness or injury that may impair their ability to exercise.

**When your patient receives this release it will enable them to begin their exercise program without delay.**

We thank you for your input and if you have any questions concerning our program, please do not hesitate to call the Fitness Center at 732-224-2562.

I concur with my patient’s participation with no restrictions.

I concur with my patient’s participation with the following restrictions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I do not concur with my patient’s participation in a supervised exercise program (if checked your patient will not be allowed to participate in our fitness program until cleared by a physician). **Reason** \_\_\_\_\_

**Physician’s Name (Print)** \_\_\_\_\_

**Physician’s Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*I hereby give my permission to release any pertinent information from any medical records to the staff of Brookdale Fitness Center.*

**Member / patient name** \_\_\_\_\_

**Member / patient signature** \_\_\_\_\_ **Date** \_\_\_\_\_