



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 - Thursday	6:30 AM to 8:00 PM
Friday	6:30 AM to 4:30 PM
Saturday - Sunday	8:00 AM to 12:00 PM

The Center is open year round with the exception of major holidays. For information on emergency closings please check the BCC website-brookdalecc.edu, listen to WBJB 90.5-FM, or call the Fitness Center at **732-224-2562** for a recorded message.

Membership Eligibility & Services

The Center is open to individuals aged 18 and older. Children 14 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.

To enroll you need to fill out a **Membership Package** and sign the **Informed Consent / Waiver Form**.

Prior to starting any new exercise program we recommend that you consult with a physician. **Medical Clearance** and a **Fitness Evaluation** are **required for all men 45 and women 55 years of age and older**. Our staff are authorized to require medical clearance or restrict your exercise program, regardless of age, if they feel that it may compromise your health or safety.

A **Fitness Evaluation** is required for all community and staff members. The results 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 free of charge to ensure that you are meeting your fitness goals.

Fitness Evaluations and **Personal Exercise Programs** are available by appointment only.

Your membership may be extended or refunded for documented medical absences only. If you have a lapse in membership that exceeds 6 months you will need to 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. Advise staff of equipment in need of repair or service.

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. We hope that you will have a positive experience and meet your fitness goals.

GUIDELINES FOR USE OF THE FITNESS CENTER

- Everyone must check in at the front desk with a Key-card or One Card—**No card, no entry. Sorry, no exceptions!**
- Proper athletic attire is required; athletic shoes and shirts must be worn at all times.
- 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.
- Personal belongings are not permitted in the exercise floor.
- No food or drinks on the exercise floor; water only in plastic containers.
- Feel free to bring ear phones 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 avoid banging and dropping weights and remember to re-stack weights after use in weight rooms, violators may be asked to leave.
- Chalk and powder are not permitted on the exercise floor.
- Please notify a staff member if you have a change in your health status that may impact your workout routine.
- Please make sure that you are ready to leave by closing. If you intend to shower please allow adequate time so that you are out of the facility by closing time.
- Failure to adhere to these Guidelines may result in loss of Fitness Center privileges.



Fitness Center Member Data Sheet

Name Last First Middle

Date of Birth / / Age College ID #

Address

City State Zip

Phone (Home) (Cell)

E-mail

Male Female

Occupation

In case of emergency, please contact:

Name

Address

City State Zip

Phone

Relationship to member

I hereby declare that, to the best of my knowledge and belief, the statements and answers on this form are full, complete and accurate.

Signature Date

(Under 18) Parent or

Legal Guardian Signature

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? _____

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"/> Boot Camp |
| <input type="checkbox"/> Other (list) _____ | |

12. Are you involved in any recreational activities (i.e. tennis, golf, basketball)? _____

Fitness Screening Questionnaire

PAR-Q+

The Physical Activity Readiness Questionnaire for Everyone

Regular physical activity is fun and healthy, and more people should become more physically active every day of the week. Being more physically active is very safe for most people. This questionnaire will tell you whether it is necessary for you to seek further advice from your doctor OR a qualified exercise professional before becoming more physically active.

Please read the 7 questions below carefully and answer each one honestly: Check YES or NO	YES	NO
1) Has your doctor ever said that you have a heart condition OR high blood pressure?		
2) Do you feel pain in your chest at rest, during your daily activities of living, OR when you do physical activity?		
3) Do you lose balance because of dizziness OR have you lost consciousness in the last 12 months? Please answer no if your dizziness was associated with over-breathing (including during vigorous exercise).		
4) Have you ever been diagnosed with another chronic medical condition (other than heart disease or high blood pressure)?		
5) Are you currently taking prescribed medications for a chronic medical condition?		
6) Do you have a bone or joint problem that could be made worse by becoming more physically active? Please answer NO if you have had a joint problem in the past, but it does not limit your current ability to be physically active. For example, knee, ankle, shoulder or other		
7) Has your doctor ever said that you should only do medically supervised physical activity?		

If there any other medical conditions that we should be aware of, that may impact your fitness program, or you are interested in additional information related to physical activity and your health (including pregnancy) please see a staff member.

Signature _____

Date _____

(Under 18) Parent _____ or

Legal Guardian Signature _____



Health and Fitness Liability Waiver / Informed Consent Form

I, _____, have enrolled in a fitness program offered through the Fitness Center at Brookdale Community College (“Brookdale”) which includes use of its premises and gym equipment, exercise programs and personal training (“Program”). I recognize that the Program may involve strenuous physical activity including, but not limited to, muscle strength and endurance training, cardiovascular conditioning and training, and other various fitness activities and I understand that there are inherent risks associated with any physical activity. I acknowledge that my enrollment, membership and subsequent participation in the Program is purely voluntary and in no way is mandated by Brookdale. I also understand and agree to consult with a physician prior to participating in the Program if requested by Brookdale or if I have a medical condition.

I fully understand that it is my responsibility to monitor my individual physical performance during any activity. I agree to cease exercising immediately if I experience any difficulty. I also acknowledge that I may injure myself as a result of my participation in this Program and assume such risk. In the event of a medical problem, I recognize that any medical care that may be required is my personal financial responsibility.

In consideration of my participation in the Program, I, _____, hereby release Brookdale, and its instructors, employees and agents from and against any and all claims, demands, and causes of action (including attorney fees and costs) that I may incur while using the Fitness Center. I further agree to indemnify and hold harmless Brookdale, and its instructors, employees and agents for any and all risks of loss, property damage or personal injury, including death that may be sustained by me while participating in the Program.

I HAVE READ, FULLY UNDERSTAND AND AGREE TO THE ABOVE STATEMENTS.

_____ (Participant Signature)

_____ (Print Participant’s Name)

_____ (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 _____

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, eat excessively (light snacks only) or participate in any strenuous exercise two hours prior to your Fitness 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.