

Recreation Center Policy Agreement (updated Feb 2016)

Mission Statement: The City of Las Vegas Recreation Department is dedicated to enhancing the quality of life by providing well-rounded fitness activities for all ages and levels of athleticism, clean facilities and exceptional customer service for the community and surrounding areas.

I agree to the policies that have been put in place here at the Abe Montoya Recreation Center. This includes following all general rules and regulations post by/in fitness center, swimming pool, gymnasium, and racquetball courts. I understand that these policies are in place to promote safety and well being of all those using the facility.

This center is a family friendly facility providing a wide range of physical activities for all ages. I understand that proper behavior must be displayed and maintained at all times. Abusive, vulgar language, inappropriate gestures, loud and disruptive behavior, spitting and not following rules and regulations can result in a written warning, probation, suspension, and/or removal from this facility. This center reserves the right to deny, prohibit, rescind, put on probation, revoke or change membership's status privileges for any violation of use.

I understand that I am responsible for being aware of my own condition and well being during any programs, activities and/or exercise. Should I feel anything unusual, I will stop and tell a technician, programs and/or activity leader on duty my symptoms. I Also understand that participating in these activities/ programs involves a risk of injury and even death and that I am voluntarily participating in these activities/ programs using equipment and machinery with the knowledge of the dangers involved.

In considering of gaining a membership or being allowed to participate in programs and/or activities at the City of Las Vegas, Abe Montoya Recreation Center, I agree to assume the risk of such exercise/ program and further agree to release, hold harmless and give up any claim against the City of Las Vegas, its agents, employees, volunteers, and/or representatives for any suites, losses, or related causes of action for damages during or arising in any way from exercise/programs this center offers.

****By signing this form you have read and understand what has been stated above and agree to the policies and terms that this center set forth in this facility.***

Printed Name: _____ **D.O.B** _____

Signature: _____ **Date:** _____

Address: _____

Phone Number: _____

Emergency Contact: _____ **Phone #:** _____

Official Use Only

DM M SC SO FP GSM PR EP

Clerks Signature: _____ **Date:** _____

Abe Montoya Recreation Department

Fitness form and questionnaire Par-Q & You (for people 13-69)

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 active.

IF you are planning to become more physically active then you are right now, start by answering the seven questions below, the Par-Q will tell you if you should check with your doctor before you begin an exercise program.

1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? **YES NO**
2. Do you feel pain when you do physical activity? **YES NO**
3. Do you lose balance because of dizziness or do you ever lose consciousness? **YES NO**
4. Do you have bone or joint problems that could be made worse by a change in your physical activity? **YES NO**
5. Is your doctor currently prescribing drugs, (for example: water pills) for your blood pressure or heart condition? **YES NO**
6. Do you know of any reason why you should not do any physical activity? **YES NO**

If you have answered YES to one or more of the above questions

Please see the Recreation Center Wellness Supervisor to explain YES answers and for further instructions; you may need a Dr's approval prior to exercise activity. Inform your doctor about the Par-Q and which questions you answered yes to.

*You may be able to do any activity you want as long as you start out slowly and build up gradually. Or, you may need to restrict your activities to those that are safe for you. Talk with your physician about the kinds of activities you wish to participate in and follow his/her advice.

If you answered No to all the above question

If you answered NO honestly to all the Par-Q questions, you can be reasonably sure you can:

*Start becoming much more physically active- begin slowly and build up gradually. This is the safest and easiest way to go.

*Taking part in a fitness appraisal- this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively.

I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation in any activities of the Las Vegas Recreation Center or use equipment or machinery except as hereinafter stated. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise /fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise, and training equipment so that I might have recommendations concerning these fitness activities and equipment used. I acknowledge that I have either had a physical examination and have been given any physicians permission to participate, and that I have decided to participate in activity and/or use of equipment and machinery without approval of my physician and do hereby assume all responsibility for my participation and activities, utilization of equipment and machinery in my activities.

***I have read and understand what has been stated above Par Q health questionnaire**

Printed Name: _____ Date: _____

Signature: _____

Abe Montoya Recreation Center Physician Report

Dear Physician,

_____ has applied for a membership at the Abe Montoya Recreation Center. We design, upon request, exercise programs at our facility that are easy and become progressively more difficult over time. Criteria for progression are based on the individual target rates and perceived effort of excretion. Qualified personnel will supervise execution of exercise programs.

By Completing this form you are not assuming any responsibility for the administration of an exercise program, however if you know of any medical condition that may hinder the client from performing an exercise program please advise below.

If you have any questions about the Abe Montoya Recreation Center programs(s)/activities please feel free to contact us at (505)426-3212.

Physicians Report

_____ I know of no reason why the applicant may not participate in a fitness program.

_____ I Believe that applicant may participate, but I urge caution because of the following:

_____ The applicant **should not** engage in the following activities:

_____ I recommend that the applicant **NOT** participate

Physicians Print Name: _____

Physician Signature: _____ Date: _____

Address: _____ CITY/STATE/ZIP _____

Phone #: _____