

# ACCESS APPLICATION

## Eastern Henrico Recreation Center

If ADA Accommodations needed, check here \_\_\_\_\_

Date: \_\_\_\_\_ Locality of Residence: Henrico

Applicant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Last First MI

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

(H) \_\_\_\_\_ (W) \_\_\_\_\_ Name: \_\_\_\_\_ Phone: \_\_\_\_\_

*(Complete only if spouse is also applying for a pass)*

Spouse's Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Last First MI

Phone: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

(H) \_\_\_\_\_ (W) \_\_\_\_\_ Name \_\_\_\_\_ Phone: \_\_\_\_\_

*(Complete only if applicant is under 18)*

Parent or Guardian's Name: \_\_\_\_\_

Last First MI

Phone: \_\_\_\_\_

(H) \_\_\_\_\_ (W) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ (Phone) \_\_\_\_\_

*\*Children as Members: (Note: Must be age 16 or older)*

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Barcode# \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Barcode# \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Barcode# \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Barcode# \_\_\_\_\_

ACCESS TYPE(S) Daily Access: Trial 12 Month  
Adult Family Guest

### Pass Guidelines and Refund Policy

Passes are personal to the patrons listed above. They cannot be reassigned or transferred. Patrons agree to abide by all Center rules and regulations. Eastern Henrico Recreation Center reserves the right to revoke access from patrons abusing rules, regulations and facilities. Patrons may cancel their access with written medical proof of injury, illness or disability, or relocation to a new permanent location beyond a 35-mile radius. (Note: Refund requests will be subject to a 10% administrative fee unless otherwise approved by Recreation Center Administrator.)

### Durable Assumption of Risk and Release Agreement

In agreeing to use the Eastern Henrico Recreation Center as a pass holder, visitor or licensee, I affirm that my general health is good, I am not adversely affected by exercise, and I am capable of engaging in activities of a vigorous nature. I am aware that there are inherent risks of physical injury during the use of the facility and/or participation in activities. I understand that it is my sole responsibility to seek the advice of my doctor before becoming physically active or in the event that my good health or condition should change. Should my good health or condition change, I will refrain from engaging in potentially hazardous activities.

In consideration for using the facility or participating in activities, I agree to assume the full risk of any injuries, including death, damages, or loss which I, or my listed dependents, may sustain as a result of use of the facility or participation in activities. I further agree to hold harmless Henrico County, its officers, agents, and employees from any and all liability for any injuries, damages, or loss which may be suffered by me or my listed dependents as a result of, or in any way connected with, use of the facility or participation in activities. I understand that this Agreement constitutes an assumption of risk and release for any injury, including death, damages, or loss. The terms hereof shall serve as a release and assumption of risk for my heirs, executors and administrators. Henrico County recommends that participants secure adequate medical insurance to cover any injuries that may arise from their activities. I have read this agreement and agree to the conditions stated above.

### *FOR OFFICE USE ONLY*

Proof of residence: _____ Access Type: _____ Access Type: _____ Amount Paid: _____ _____ CASH CHECK# _____ CREDIT CARD PAY _____ DEB OTHER _____	Applicant's Name: _____ Last First MI Applicant Spouse Staff Initials: _____
---	---

\_\_\_\_\_  
 Applicant's Signature  
 (If under 18, parent or guardian must sign)

\_\_\_\_\_  
 Spouse's Signature  
 (Applicable if spouse is also receiving a pass)



## Physical Activity Readiness Questionnaire

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Today's Date \_\_\_\_\_

Regular Exercise is associated with many health benefits, yet any change of activity may increase the risk of injury. Completion of this questionnaire is a first when planning to increase the amount of physical activity in your life. Please read each question carefully and circle your answer. This form will be kept on file with your application.

YES	NO	1.	Has a physician ever said you have a heart condition and you should only do physical activity recommended by a physician?
YES	NO	2.	When you do physical activity, do you feel pain in your chest?
YES	NO	3.	When you were not doing physical activity, have you had chest pain in the past month?
YES	NO	4.	Do you ever lose consciousness or do you lose your balance because of dizziness?
YES	NO	5.	Do you have a joint or bone problem that may be made worse by a change in your physical activity?
YES	NO	6.	Is a physician currently prescribing medications for your blood pressure or heart condition?
YES	NO	7.	Are you pregnant?
YES	NO	8.	Do you have insulin dependent diabetes?
YES	NO	9.	Are you 69 years of age or older?
YES	NO	10.	Do you know of any other reason you should not exercise or increase your physical activity?

If you answered **YES** to any of the above questions, it is your sole responsibility to seek the advice of your doctor **BEFORE** you become physically active. Tell your doctor your intent to exercise and to which questions you answered YES. If your health ever changes so you then answer YES to any of the above questions, it is your sole responsibility to seek guidance from your doctor.

I have read and understand this questionnaire. Any questions I had were answered to full satisfaction.

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

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

Parent Signature is required for youth under 18 years old.

## **Fitness Center Access Agreement**

- You must attend a fitness orientation prior to using the Fitness Center. An orientation can be scheduled with our staff. Only those who have gone through the registration and orientation are allowed to enter or use the Fitness Center.
- It is mandatory you have your EHRC Access Pass Tag on you at all times. It is necessary to have your Access Pass Tag on you to enter and use the fitness center. You must sign in at the Fitness Control Station with your Access Pass Tag each time you use the Fitness Center. A fee may be charged for creation of a new pass as a result of a lost pass.
- Access to the Fitness Center is limited to one hour. At least one hour must pass between uses. Use of cardiovascular equipment will be limited to 30 minutes. You will be required to sign your name and start time upon use of each piece of equipment. Use of equipment is limited to one piece of equipment at a time.
- The use of personal phones is prohibited while in the Fitness Centers, Group Exercise Room, and Locker Room with the exception of the use as a audio device solely. Photography and Video recording is strictly prohibited in aforementioned areas.
- Proper exercise attire must be worn. Opened-toed shoes, sandals, flip flops, jeans, button down and collared shirts are prohibited in the fitness center. Athletic footwear and dress are required.
- Personal items are prohibited in the Fitness Center. Please leave personal items in the provided lockers. EHRC is not responsible for any lost or stolen items left in the locker rooms. Any locks left attached to the lockers will be cut off nightly.
- No food or drinks are allowed in the Fitness Center with the exception of bottled beverages with a secure top.
- All equipment will operate on a shared basis. Equipment must be returned to its proper storage areas after use. All equipment and mats must be cleaned with cleaning solution and wiped down with a paper towel after each use.
- No outside personal training is allowed. No monies can be exchanged for outside services either in or outside of the facility.
- The fitness center is available on a flexible schedule based on programming offerings. EHRC reserves the right to close the gym at any time for any reason. The fitness center will be closed in accordance with County of Henrico Recreation and Parks Holiday schedule.

Signature of Access Pass Holder/Date: \_\_\_\_\_/\_\_\_\_\_

# **FITNESS CENTER ACCESS REGISTRATION & PROGRAM OVERVIEW**

- EHRC Assess Passes will be offered at an annual cost of \$120 per year for Henrico residents ages 16 and up and \$240 per year to families.
- An EHRC Access Pass will include use of the Fitness Center and Group Exercise Room depending on scheduled activities.
- Participation in group fitness, wellness and other classes is offered at additional cost, with registration through the *At Your Leisure* Program Guide.
- Scholarships will be available using the existing Division of Recreation and Parks eligibility criteria and annual limit. This is currently \$300 per year, \$100 per program guide season, per participant, based on free or reduced lunch eligibility.

## **ACCESS MANAGEMENT**

### **Access Fee**

Individual Access Registration Fee - \$120 per year.

Family Access Registration Fee per household - \$240.

### **Residency**

Access to the Fitness Center is limited to Henrico residents only.

### **Age**

The Fitness Center access is restricted to individuals 16 and older. This is a national fitness industry standard.

### **Guest Policy**

Registered residents are allowed to bring a guest into the facility for a daily charge of \$10 per person. Guests must meet the age requirement, provide contact information, and sign a liability waiver.

### **Access Duration**

Access Registration for the Fitness Center is effective one year from date of purchase. A monthly option is available.

### **Registration**

All public access to the EHRC Fitness Center is controlled through a standardized Fitness Center access registration process for all patrons. Pre-registering Fitness Center users will allow staff to make sure every user has provided adequate contact and release information prior to using the space.

### **Access Registration Process**

1. Individual will complete an Access Application Form and make the applicable payment. The information from this form will be entered by staff to create a customer profile for Fitness Center access.
2. Information collected will include age, home address, and emergency contacts.
3. The form will also include an acknowledgment of risk and liability waiver in a form approved by the County Attorney. Individuals under 18 must have this form signed by a parent or legal guardian.
4. Individuals will present proof of age and residency, which is typically a valid Virginia driver's license. A photograph will be taken and included in the database.

5. Staff will schedule a mandatory equipment orientation for the individual. This orientation will cover rules and safe equipment operation.
6. Once the individual has completed this orientation, an access pass key tag with barcode will be issued. This key tag will be swiped at the downstairs Fitness Center control desk to permit access.

## **FITNESS CENTER ORIENTATION**

- You must attend a mandatory orientation before you can use the Fitness Center.
- You need to be dressed in workout attire to participate.
- Call EHRC Fitness/Wellness Office 225-2056 to register for an orientation.

## **RULES FOR USING THE FITNESS CENTER**

- You must attend a fitness orientation prior to using the Fitness Center.
- Only patrons who have gone through the registration and orientation are allowed to enter and use the Fitness Center.
- The facility is available on a flexible schedule based on programming offerings.
- It is County policy to have your EHRC Access Pass tag in order to enter and use the Fitness Center.
- You must sign in at the Fitness Control Station computer each time you use the Fitness Center.
- Please observe a one hour time limit in the Fitness Center. (no returns within a 1 hour time period)
- Proper exercise attire (i.e.: t-shirt/shorts/sweatpants) and clean, non-marking athletic footwear must be worn. No jeans, button down shirts, or collared shirts allowed. Only athletic shoes are allowed in the Wellness Center. No open-toed shoes, sandals, or flip flops.
- Please use only one piece of equipment at one time.
- For safety purposes, the 'buddy' system is recommended when using the Fitness Center.
- Do not bring personal items into the Fitness Center.
- No food or drinks except bottled beverages with tops are allowed in the Fitness Center.
- Replace all items used back to its proper place.
- Limit all cardiovascular equipment usage to 30 minutes. Sign-ups are available.
- No outside personal training allowed.
- Clean equipment and mats with cleaning solution and wipe with a paper towel after use.
- Clean up after yourself.
- Talking on Cell phones is prohibited while in the Fitness Center.
- No Photography or Video Recording allowed.
- Absolutely no cell phone use in the Locker Room.

## **Eastern Henrico Recreation Center Fitness Machine Descriptions**

\*\*\*\*This is the recommend fitness circuit in order to obtain a full body workout. Match the listed number (1-12) with the number on the machines \*\*\*\*

### **#1 Lat Row**

Set up: Select training weight. Adjust seat so chest pad is at upper abdomen/mid chest. Adjust chest pad to provide full range of motion. Place feet on platforms. Handles can be held in position or rotated when pulling back.

### **#2 Chest Press**

Set up: Select training weight. Adjust seat to position barbell grips at mid chest. Adjust movement arm to desired range of motion.

### **#3 Shoulder Press**

Set up: Select training weight. Adjust seat for desired range of motion. Choose wide barbell grip or narrow neutral grip. The narrow neutral grip will allow you to lift more weight. This machine may not be suitable for people with certain types of shoulder injuries or problems. Please see a member of the fitness staff for further assistance.

### **#4 Leg Press**

Set up: Select training weight. Pull yellow knob behind back rest to adjust for desired range of motion. Number 5 is an average starting point.

#### **Calf Extension**

Set up: Select training weight. Pull yellow knob behind back rest to adjust for desired range of motion. Number 2 is an average starting point.

### **#5 Leg Extension**

Set up: Select training weight. Adjust back pad to provide proper support with the back of the knees tight against end of seat pad. This machine may not be suitable for people with knee injuries or problems. Please see a member of the fitness staff for further assistance.

### **#6 Leg Curl**

Set up: Select training weight. Adjust back pad to provide proper support while seated with knees approximately 4 inches in the front of seat pad. With ankles on front roller pad, release hold down roller and lock in place.

### **#7 Triceps Press**

Set Up: Select training weight. Adjust seat so that the crest of arm pad is tight in arm pit when seated. Place chest tight against arm pad. Grips handles and press forward and down. Return to the start in a controlled manner.

### **#8 Biceps Curl**

Set up: Select training weight. Adjust seat so that the crest of arm pad is tight in arm pit when seated. Place chest tight against arm pad. Elbows should be slightly past end of arm pad when reaching for arm grips.

### **#9 Lat Pull Down**

Set up: Select training weight. Sit down with thighs under hold down pads. Adjust hold down pads to apply pressure on thighs. Pull bar to upper chest.

### **#10 Rear Delt**

Set up: Select training weight. Set exercise arms in rear delt position by pulling yellow knobs at top of exercise arms and swinging arms forward until they lock in place.

### **Pec Fly**

Set up: Select training weight. Set desired starting position by pulling yellow knobs at top of exercise arms. For an average movement, set at number two.

### **#11 Tricep Dip**

Set up: Select desired weight to assist you to perform Tricep dips. NOTE: The more weight you pin the easier it is to perform the exercise.

### **Chin Up**

Set up: Selected a desired weight to assist you to perform Chin ups. NOTE: The more weight you pin the easier it is to perform the exercise.

### **#12 Abdominal**

Set up: Select training weight. Adjust roller pad to ride on upper chest. Lock feet under hold down pads.

### **Additional Fitness Equipment**

**\*Smith Machine:** The smith machine is a fixed barbell machine which only allows the barbell to move up or down along the guide rods. The machine has 2 safety mechanisms built in. 1: The two safety stops on the guide rods can be adjusted to set the minimum height that the barbell can be lowered to, set as required to allow full range of motion ( R.O.M.) but high enough to provide the security to catch the bar if you get stuck at the bottom of your R.O.M. 2: The barbell needs to be secured in the "racked" position and released from this position to allow the barbell to move up and down the guide rods. There are numerous different exercises that can be performed on a Smith Machine.

**\*Squat Machine Set Up:** Pull out yellow knob and set the height of the shoulder pads so that you can comfortably get in and out of the machine. Place the required weights on the machine. Stand up into a full standing position so that you can release the safety stop by pulling the handle towards you, then perform the squats before replacing the safety stop to finish the exercise.