



RESOURCE
OPPORTUNITIES
CENTRE



Fitness Centre Membership & Health Clearance Form

(Includes PAR-Q, Membership Rules, and Informed Consent)

Member Information

Full Name: _____

Date of Birth: _____

Address: _____

Phone Number: _____

Email Address: _____

Emergency Contact: _____ Phone Number: _____

Physical Activity Readiness Questionnaire (PAR-Q)

(For individuals aged 15–69)

Please answer **YES** or **NO** to each question honestly.

Question	YES	NO
Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel pain in your chest when you do physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
In the past month, have you had chest pain when you were not doing physical activity?	<input type="checkbox"/>	<input type="checkbox"/>

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Question	YES	NO
Do you lose your balance because of dizziness or do you ever lose consciousness?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a bone or joint problem that could be made worse by physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
Is your doctor currently prescribing medication for blood pressure or a heart condition?	<input type="checkbox"/>	<input type="checkbox"/>
Do you know of any other reason why you should not do physical activity?	<input type="checkbox"/>	<input type="checkbox"/>

PAR-Q Results

- **If you answered NO to all questions:**

You may begin physical activity, starting slowly and increasing gradually.

- **If you answered YES to one or more questions:**

You must consult a doctor **before** beginning or increasing physical activity. Proof of doctor approval to start physical activity is required.

This clearance is valid for **12 months**, unless your health status changes

Fitness Centre Rules & Expectations

Failure to follow these rules may result in suspension or termination of membership.

Safety & Equipment Use <ul style="list-style-type: none">• Use equipment only as intended• Ask staff for assistance when unsure• Do not drop or misuse equipment	Hygiene & Attire <ul style="list-style-type: none">• Wear proper athletic clothing and closed-toe footwear• Wipe down equipment after use• Maintain personal hygiene
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Courtesy & Shared Use <ul style="list-style-type: none">• Limit time on equipment during busy periods• Allow others to work in when possible	Personal Belongings <ul style="list-style-type: none">• Lockers are for day use only• The Fitness Centre is not responsible for lost or stolen items
Facility Use <ul style="list-style-type: none">• Follow posted signage and staff instructions• No food, glass containers, alcohol, drugs, smoking, or vaping	Respect & Conduct <ul style="list-style-type: none">• Treat staff and fellow members with respect• No harassment, abusive language, or inappropriate behavior
Personal <ul style="list-style-type: none">• Activities are recreational or self-directed• Staff or volunteers may not be licensed health professionals• No medical diagnosis or treatment is provided• I may stop or modify activity at any time if I feel unwell• The Fitness Centre is not responsible for personal property	Use of Cards <ul style="list-style-type: none">• Each member must have their own card/pass to access the Centre.• There will be no sharing of cards to enter the Fitness Centre• Members are NOT PERMITTED to use their own card to allow another member into the Fitness Centre• Violation could result in membership cancellation
Broken Machines/Repairs <ul style="list-style-type: none">• Members are not allowed to use machines that have been posted as "OUT OF USE"• Members must notify staff of machine malfunction immediately	Refunds <ul style="list-style-type: none">• Membership sales are final• There are no refunds for a membership or cancellations allowed, only holds.



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Membership Policies (Summary)

- **Vacation Holds:**
Up to **4 months per hold**, maximum **2 per year**, must be requested in advance.
- **Medical Holds:**
Medical documentation required. Holds are not backdated.
- **Membership Transfers:**
Allowed only to immediate family members at the same address with proof.

Member Declaration

I confirm that I have read, understood, and agree to all sections of this document, including the PAR-Q, Fitness Centre Rules, Membership Policies, and Informed Consent.

Member Name (Print): _____ **Signature:** _____

Date: _____

Parent/Guardian (if under age of 19):

Name: _____ Signature: _____

Date: _____

Fitness Centre Use Only

Membership Type: _____

Start Date: _____

Staff Name & Signature: _____

Date: _____