



Town of Newmarket Fitness Centre Membership and Personal Training Registration

All members must complete this form prior to using the Fitness Centre Membership and/or Personal Training. All information is confidential.

Section A: Personal Information of the Member. Please Print

1. First Name: _____ Last Name: _____

Email address: _____

Primary phone: _____ Secondary phone: _____

Date of birth: _____ Address: _____

City: _____ Postal code: _____

Section B: Household Family Membership ONLY Please Print.

1. First Name: _____ Last Name: _____

Email address: _____ Date of Birth: _____

Primary phone: _____ Secondary phone: _____

2. First Name: _____ Last Name: _____

Email address: _____ Date of Birth: _____

Primary phone: _____ Secondary phone: _____

3. First Name: _____ Last Name: _____

Email address: _____ Date of Birth: _____

Primary phone: _____ Secondary phone: _____

4. First Name: _____ Last Name: _____

Email address: _____ Date of Birth: _____

Primary phone: _____ Secondary phone: _____



Section C: Waiver

I hereby release the Corporation of "The Town of Newmarket" and its employees, officers and agents of any and all claims or any damages whatsoever arising out of any accident or injury which may be caused by or results from my participation and my household family members participation while engaging in activities at or sponsored by any of The Town of Newmarket's Fitness Staff; except where the damage or injury is caused by the negligence of the Town of Newmarket or its agents, officers and employees acting within the scope of their duties. I further agree that I, the undersigned, have no knowledge of any physical illness or disability that through my participation or my household family members participation could prove dangerous or hazardous to me and family members health. I have been provided with a complete list of membership privileges and Fitness Centre Terms and Conditions and agree to abide by them. I understand that Fitness Centre staff are on duty during all operating hours, though there may be times when staff is unavailable for direct supervision. I am aware that I should exercise caution when using fitness equipment and/or engaging in a fitness activity with which I am unfamiliar. The Town of Newmarket reserves the right to suspend or revoke any fitness membership in the event of innappropriate behaviour and/or failure to follow Fitness Centre Terms and Conditions by the member, household family members and/or members guests.

I, the "Member", agree on behalf of myself and all household family members set out above to the above terms of the waiver. I confirm that I have the authority and consent to sign on behalf of all household family members set out above and to bind them to the terms of the waiver and all other provision of this registration form.

Member's Signature: _____ Date: _____

Parent Guardian Signature (if under 18 years of age): _____

Print Name: _____

Date: _____

Section D: Member's Responsibilities

By signing this Agreement you agree on behalf of yourself and all household family members set out above to (a) all of the terms and conditions which are set out in this Agreement; (b) to follow the rules and regulations which may be posted from time to time at any Town of Newmarket ("Town") Recreation Facility ("Facility") utilized by you or a family member; and (c) to immediately notify Town of Newmarket Fitness Staff of address changes and of any other personal information changes. Fitness Membership Terms and Conditions may be amended from time to time.

_____ : Member's Initials

Section E: Medical Release

By signing this Agreement, you acknowledge on behalf of yourself and all household family members set out above that (a) there is a risk associated with participation in fitness activities and in exercising; (b) your participation is completely voluntary; (c) by using the Facility you acknowledge that you are assuming all risks of injury to yourself or others including but not limited to any complications arising from any current illness or medical condition; (d) any concerns about starting an exercise or fitness program will be discussed with your physician before using the Facility; (e) you will consult with your physician by phone or in person BEFORE you start becoming much more physically active; (f) you agree to immediately notify and consult your physician of any medical changes before continuing with your physical activities; and (g) you will begin slowly and build up gradually any physical routine.

_____ : Member's Initials

Section F: PAR-Q Questionnaire *Fitness Membership Only

Physical Activity Readiness Questionnaire (PAR-Q) - Becoming physically active is very safe for most people. With safety our number one priority, the Town requires all users of this fitness area to review the PAR-Q questionnaire created by the Canadian Society for Exercise Physiology. The main questions are noted below. The full questionnaire can be found online at www.csep.ca.

Anyone that is not currently exercising should check with their Doctor before beginning a program. This is especially critical if you answer yes to any of the following questions:

1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
2. Do you feel pain in your chest when you do physical activity?
3. In the past month, have you had chest pain when you were not doing physical activity?
4. Do you lose your balance because of dizziness or do you ever lose consciousness?
5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?
6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
7. Do you know of any other reason why you should not do physical activity?

If you answered YES to one or more questions, talk with your doctor before you start becoming much more physically active.

If you answered NO to all questions, you can be reasonably sure that you can start becoming more physically active right now. Be sure to start slowly and progress gradually - this is the safest and easiest way to go. (Continued on next page)

Delay becoming much more active if:

You are not feeling well because of a temporary illness such as a cold or a fever - wait until you feel better; or if you are or may be pregnant, talk to your doctor before you try exercising. If your health changes so that you then answer YES to any of the above questions, ask for advice from your physician.

Informed Use of the PAR-Q: The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

Section G: Email Subscription with the Town of Newmarket

To keep you informed, the Town of Newmarket would like to send to you by email, information of Town events and promotions of programs to which you have registered. You may cancel receiving such email messages at any time by following the unsubscribe procedure that will be set out in such emails.

By checking this box, I consent to the receipt of such emails and have the authority to consent on behalf of all household family members whose information is set out above.

By checking here, I give the Town of Newmarket permission to email me about Town Recreation and Culture Programs, Events and Community News. I understand I can unsubscribe at any time by emailing recreation@newmarket.ca with the subject "Unsubscribe" in the subject line. Please note it can take up to 10 to 12 business days to update our files.

I agree (This is optional)

Section H: Pre-Authorized Payment Form

Please ensure you print and bring the completed 'Fitness Centre Pre-Authorized Payment Form' located at newmarket.ca/fitness under the membership section, along with this completed registration form on your next visit to the Fitness Centre Reception.



**Town of Newmarket Fitness Centre Membership and
Personal Training Registration**

Name: _____ Phone Number: _____

Email: _____ Date: _____

Section I: Personal Training Registration (Optional)

Personal Training Prices	Private (1:1) Per Person	Partner (1:2) Per Person
1 Time Intro session	\$39.99	
3 Sessions Resident	\$135	\$82.50
Non-resident	\$165	\$97.50
6 Sessions Resident	\$260	\$160
Non-resident	\$320	\$190
12 Sessions Resident	\$500	\$310
Non-resident	\$620	\$370
24 Sessions Resident and Non-resident	\$984	\$612

Prices listed do not include HST. Prices subject to change, for more information visit the Fitness Centre Reception.

Please indicate how many sessions you are interested in

1 3 6 12 24

Please indicate what format you wish to participate in

Private (1:1) Partner (1:2)

Do you have a Personal Trainer preference?

Female Male No preference

Name of Trainer (If you have a specific request): _____

Please indicate your typical availability on the chart below (indicate all available times)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM:	AM:	AM:	AM:	AM:	AM:	AM:
AFT/EVE:	AFT/EVE:	AFT/EVE:	AFT/EVE:	AFT/EVE:	AFT/EVE:	AFT/EVE:

Office Use Only

Sessions Purchased _____ Consultation booked _____

Staff initials _____