

***SPORTS REHAB AND PROFESSIONAL
THERAPY ASSOCIATES
AQUATIC AND FITNESS
MEMBERSHIP MANUAL***

WELLNESS VISION STATEMENT

To provide comprehensive State-of-the-Art wellness programs and services in the area of physical and therapeutic fitness, nutrition, mental, emotional and spiritual health to our clients and surrounding community. Our primary goal is to help our clients improve their overall health and well being while serving as a partner in health to our community, and providing quality client care using dedicated, talented and resourceful staff.

A PREFACE TO MEMBERSHIP:

*Welcome to your membership. We hope you will feel safe and “at home” with us at Sports Rehab and Professional Therapy Associates! Should you have any suggestions, concerns or comments, please feel free to approach and inform any one of our staff members. We are here to provide you with quality service and to help you obtain your health and exercise goals! **Sports Rehab does reserve the right to refuse wellness services due to underlying medical conditions.***

SPORTS REHAB MEMBERSHIP MANUAL

I. MEMBERSHIP CLASSIFICATION:

Membership Coverage: All members must be 16 years and older, unless you are a school athlete working with one of our staff members. Classification of membership is listed below:

1. **Primary Member:** a person or organization purchasing one or more memberships, e.g.-a parent/guardian who purchases membership for self and dependents or Company "X" who purchases a corporate membership for an employee.
2. **Dependent Member:** a person for whom a membership is purchased by another person or organization, e.g.-an employee of Company "X" who purchased a corporate membership or family member who lives at the same residing residence as the primary member, e.g.-senior couple or dependent family member.
3. **Member:** a person who is either a primary, dependent or any other person authorized through membership to utilize the facility.
4. **Senior Member:** a person who is either over the age of 65 or retired from employment status.
5. **Student:** a person who is either a full-time student at an academic accredited college or high school, and fulfilling the minimum requirements for full-time enrollment status, or a student athlete participating in a sport related activity.

II. MEMBERSHIP FEES:

Membership fees and rates: Please refer to "Sports Rehab Membership Fees and Rates" (handout) for current membership rates. Payment is due on first date of membership. Your fee may be pro-rated for the first month. After the first month, the payment should be made on a monthly, bi-annual, or annual basis. Feel free to pay on your own at the beginning of the month. If payment is not received, a bill will be sent following the 15th of the month.

** Should membership fee payment be delinquent after 30 days or you terminate your membership without advance notice or reason, a service charge of 1.5% per month will be added to the total billed charges. After three months of a delinquent account, total billed charges are turned into a collection agency for collection of membership fees.*

Individual financial circumstances may be considered and used at our discretion.

Cancellations and refunds allowed: Cancellation and refunds for membership are only allowed *with advance notice* and under the following special circumstances without penalty: health condition that requires physician orders to discontinue exercise, change of residence of at least 30 miles from the facility - *only applies to monthly memberships*, and/or vacation or absence from home for **30 days** (one month), **in which advance notice was given.**

Refunds and credits are not permissible due to: Insufficient use of the facility, dissatisfaction, membership fee and rate increases, selection of other programs and wellness activities or facility hours and exercise class schedule changes.

Vacations: When you are out of town for a month, Sports Rehab will credit your account for a full month. If your vacation is less than a month, a member has two payment options. Members can pay for the full month or pay a daily usage fee of \$7.00 per visit. **PLEASE ARRANGE THIS PRIOR TO YOUR VACATION.** If a member is ill and has doctor's orders not to exercise, we will gladly credit your account.

Absences: Should you decide to take a month off, please inform us prior to your absence. The same policy applies to absences as for vacations. Time spans of less than a month will not be credited or pro-rated. PLEASE ARRANGE THIS PRIOR TO YOUR ABSENCE. Doing so will ensure we do not bill you unnecessarily. Please be sure to also inform us as to the date you will return.

** Payment of any outstanding billed charges is required as written above.*

***Should there be any changes in facility hours or exercise class schedule, all members will be notified as soon as possible. We will do our very best to accommodate everyone, but our decision will be based on what is best for the whole membership group and not that of a specific individual or member.*

Increase in membership fees and rates: Membership fees and rates may periodically change or increase. As a courtesy, all members are given a 30-day advance notice prior to fee increases. Membership fee for six-month and annual memberships will not have a fee increase applied until renewal of membership contract.

III. MEMBERSHIP POLICY:

To ensure your safety and to provide an accurate exercise prescription and instruction, the following steps need to be completed by you before you may begin your exercise program.

1. Obtain a new member packet of information.
2. Please read, sign and return packet to one of our wellness staff members.
3. If necessary, obtain a physician consent/medical release before participating in an exercise program. In such a case, a standard physician consent letter is mailed or faxed to your doctor by one of our staff members and returned directly to our facility. In the event your doctor does not consent for medical release, we will notify you to follow-up with your doctor to address your medical needs.
4. Schedule an appointment for an orientation to your individual exercise prescription or exercise class.
5. Schedule an appointment with one of our wellness staff members for your initial health and fitness evaluation if desired..

Checking in and out of facility: Please sign-in and out of the facility at the front desk each time you use the facility.

IV. FACILITY USE AND HOURS:

Use of facility: Facility membership allows the use of the full facility during open hours. This includes the exercise equipment, aquatic pool and whirlpool, lockers, locker room and shower. They are available on first-come first-served basis. *The EXCEPTION is when an exercise class, fitness testing using the treadmill or patients who are receiving therapy in the pool is in progress as they have first precedence.*

To ensure usage of the pool, you are required to reserve your time **PRIOR** to using the pool. You may schedule a maximum of 45 minutes in the pool per visit. Also, please refer to our exercise and aquatic class schedule for future reference to minimize conflict in your personal exercise schedule. Scheduling may be done up to two weeks in advance.

As a courtesy, please empty your locker each time you leave, as there are only a limited number of lockers available for use. **You may bring your own lock to secure your belongings, as we are not responsible for lost or stolen items.**

Facility hours: Facility hours *may be subject to changes based on members' request, facility/exercise class utilization and staffing*. Prior to a change, all members will be provided as soon as possible. Please refer to membership fees and policy for further information. Facility hours include:

FACILITY HOURS: Monday 7 a.m. - 6 p.m.
 Tuesday 8 a.m. - 6 p.m.
 Wednesday 7 a.m. - 6 p.m.
 Thursday 8 a.m. - 6 p.m.
 Friday 7 a.m. - 5 p.m.

* Please check with a staff member if you have any questions about facility hours.

The facility will be closed to honor the following holidays: Memorial Day, Independence Day, Labor Day, Thanksgiving, Christmas, and New Years Day._____

In the event of severe weather, exercise classes may be canceled. In the event of lightening, the pool must be vacated. Should weather concerns arise, please call to be sure classes and programs are being conducted as scheduled.

V. CONFIDENTIALITY:

Important confidentiality note: All health records, including medical health history, fitness testing results, etc., are *confidential* and are accessible only to our staff as a “need to know basis”. If you wish, your exercise prescription will be made readily available to you upon check-in at the facility each time. At your written request, we can provide a copy of your fitness testing results or your exercise prescription to the physician of your choice.

VI. DRESS CODE:

Dress attire: We want each of our members to feel comfortable and welcome in our facility at all times. Some exercise apparel and swim wear, such as, tight, form fitting and revealing swimsuits, spandex, leotards, thongs, etc., can be intimidating and inappropriate.

To ensure everyone feels welcome regardless of shape, size, or fitness level, please wear **CONSERVATIVE** swim wear and exercise clothing, such as, shorts, sweats, t-shirts or tanks (Spandex or “biker” shorts are acceptable under regular shorts) while exercising in our facility. When using the aquatic and whirlpool area, please wear “boxer style” swimwear for men and one-piece swimwear for women. **We do reserve the right and will ask you to change your exercise and swim wear if our dress code is violated. However, if there is a health condition that requires you to wear a specific swim suit or exercise gear, we will consider this on an individual health need bases. Again, we want ALL individuals to feel welcome and comfortable while exercising in our facility.**

Shoes: We recommend tennis shoes with good support as the best choice while exercising in our facility. When using the locker room, pool and whirlpool area, considering using foot covering of some kind, such as, non-slip shower slippers. These are recommended to ensure safety and provide quality infection control. Outside elements (snow, mud, dirt, sand rain water, etc.,) tear down our equipment very quickly. As a courtesy to all members and staff, please change from your outside shoes before using the equipment. **WE RESERVE THE RIGHT NOT TO ALLOW YOU TO EXERCISE WITHOUT A CHANGE OF APPROPRIATE SHOES.**

VII. FOOD AND DRINK POLICY:

Beverage: *ALCOHOLIC BEVERAGES OF ANY KIND ARE NOT ALLOWED IN AND ON THE FACILITY PREMISE.* Consuming appropriate fluids during exercise is recommended to prevent dehydration; thus, bottled water with paper cups is provided for your convenience.

CAUTION - Because of their dehydrating nature, beverages containing caffeine are not recommended during exercise. Carbonated beverages may make you feel uncomfortable when consumed during exercising.

Food: *FOOD OF ANY KIND IS NOT ALLOWED INSIDE THE EXERCISE, POOL AND SPA AREA.* This includes gum and candy. **If you have a medical condition that requires you to eat snacks during your exercise regimen, please notify one of our staff members and we can provide a place for you to eat your snack.**

VIII. FACILITY HEALTH AND SAFETY GUIDELINES:

Infection control policy: PLEASE;

1. Refrain from using the facility if you have reason to believe that you are carrying a communicable disease, e.g. viral or bacteria infection such as a cold, flu, respiratory infection, etc.
2. Cover all abrasions or lesions on the skin to prevent contact on the exercise equipment. *Use of pool and spa is not allowed* until wound, lesion, abrasion is fully healed.
3. Should you develop itchy skin, a rash or have an open sore on your body, please inform a wellness staff member as soon as possible.
4. **A SHOWER IS REQUIRED BEFORE USING THE POOL AND WHIRLPOOL.** After each pool exercise session, we recommend showering with soap. Also wash hands after using the locker and restroom area, and before using the exercise, pool and whirlpool area.

Whirlpool and pool safety guidelines:

1. * Only four members/patients allowed in the aquatic pool at a time, unless you are participating in one of our structured aquatics exercise classes. A maximum of six members may use the whirlpool at any one time.
2. **When using the whirlpool, cool down completely following exercise to prevent potentially adverse physical reactions. Your blood pressure and heart rate should be at or near pre-exercise values before use. Ten minutes is the maximum time you may be able to use the whirlpool; however, if you have any signs of adverse physical symptoms, e.g.- lightheadedness, faintness, dizziness, chest pain, shortness of breath, etc., please inform one of our staff members immediately for appropriate care.

****YOU MUST BE ACCOMPANIED BY ONE OF OUR STAFF MEMBERS AT ALL TIMES WHEN USING THE POOL OR WHIRLPOOL AREA. Please inform him/her if you are not able to swim or have limited swimming skills so that appropriate safety measures can be enforced. Please follow ALL the rules posted in the pool and whirlpool area! Failure to do so may terminate your membership.***

*****If you have a medical condition that may prevent you from using the whirlpool, please follow the advice of your physician.*** In question, always ask one of our staff members and if necessary a medical consent/release may be needed prior to use.

Fire and severe weather conditions safety guidelines: Always stay calm and follow the instructions of our staff members should any of the below weather conditions occur:

1. In the event of a tornado or storm watch and warning, we will monitor weather conditions on the local radio station. For your safety in the event of “taking cover” and City alarms are heard, you will not be allowed to leave the premise. Should you leave against our instructions, you will be at your own risk and liability. The safest location when taking cover is in the patient therapy rooms and our staff members will direct you accordingly.
2. All members are required to vacate the pool and whirlpool area in the event of an electrical storm (lightening).
3. Should you smell unusual odors, such as gas, smoke or see fire sparks or flames, etc., please inform our staff members **IMMEDIATELY** to determine the cause or source of the hazard so that immediate safety actions and evacuations can be taken.

IX. GUESTS AND CHILDREN:

Guest Policy: Guest are welcome to observe in the small waiting area in the exercise equipment area as long as this area is not being used by our therapy and exercise clients. Guests may use the exercise facility or participate in an exercise class as long as the risk assessment form is completed identifying no health risk or condition, informed consent/waiver is signed and guest fee paid prior to participation.

Attendance of children: For safety reasons and member satisfaction, any person/s under the age of 16 (unless an athlete working with one of our staff members) is not allowed in the facility during open hours. Should a child need to accompany you, e.g.-fitness testing appointment, approval and special arrangements need to be made with one of our staff members **PRIOR** to the appointment date.

X. FACILITY ETIQUETTE:

To ensure everyone’s comfort, enjoyment and membership satisfaction, please follow the below instructions:

1. Whenever there is a waiting period for equipment use, a 20-minute time limit will be strictly enforced. At the end of the 20 minutes, a staff member will ask you to stop and vacate it. Please do so promptly. You may use any other equipment that is not in demand.
2. Please clean up after yourself when using the locker rooms, shower and facility. Think of our facility as your “second home” and keep things neat and tidy!
3. Horseplay or inappropriate use of our facility or equipment will not be tolerated and may jeopardize or terminate your membership status.
4. This is a family-centered environment so please restrict the use of profanity.

THANK YOU FOR YOUR COOPERATION AND TAKING THE TIME TO READ YOUR AQUATIC AND FITNESS MEMBERSHIP MANUAL. PERIODICALLY, THE MEMBERSHIP MANUAL WILL BE UPDATED TO MEET YOUR NEEDS AND OUR FACILITY NEEDS. SHOULD YOU HAVE ANY QUESTIONS BEFORE YOU SIGN YOUR ACKNOWLEDGMENT OF READING AND UNDERSTANDING YOUR MANUAL (INFORMED CONSENT), PLEASE FEEL FREE TO ASK ONE OF OUR STAFF MEMBERS FOR ANY CLARIFICATION.

SPORTS REHAB HEALTH RISK ASSESSMENT QUESTIONNAIRE

In order to tailor an individual exercise program and provide optimal health/fitness safety standards, please check the following health risks that apply to you. Because these risk factors indicate the risk of cardiovascular disease and bodily injury, a *physician approval will be required* before engaging in a fitness test and participating in any type of exercise program in our facility. Following review of your medical health history and risk assessment questionnaire, we will send a physician approval letter to your physician for medical clearance prior to your scheduled fitness testing and participating in our exercise program .

- Age:** Men - greater than 45 years old; Women - greater than 55 years old
- Women:** Post menopausal without estrogen replacement therapy or history of cancer
- Family History:** Heart attack or sudden death of father, brother, or uncle before the age of 55 years of age OR mother, sister, or aunt before the age of 65 years of age
- Heart Disease:** Heart condition that requires regular check-ups with a doctor OR medication management of condition
- Cigarette Smoker:** Currently smokes OR a history of smoking the past 12 months
- Respiratory Condition:** Any respiratory abnormalities that requires regular check-ups with a doctor OR medication management of condition
- High Blood Pressure:** Greater than 140/90 mmHG on at least two separate occasions OR currently taking medication for high blood pressure management
- High Blood Cholesterol:** Total serum cholesterol greater than 200 mg/dl or HDL less than 35 (CHECK HERE IF YOU DON'T KNOW YOUR CHOLESTEROL LEVEL)
- Diabetes:** Have insulin dependant diabetes OR non insulin dependent diabetes and older than 35 years of age
- Seizure Disorder:** History of seizure disorder the past year, taking medications for seizure disorder OR history of fainting, light headedness, or dizziness of unknown cause.
- Musculoskeletal/Bone/Joint Injury or Pain:** Recent history OR chronic pain and /or injury that requires regular check-ups with a doctor or medication management of condition
- Overweight:** Over 20 pounds of ideal weight
- Pregnancy:** Currently pregnant or post-partum less than 6 weeks
- Other health condition not listed above:** please list _____

PLEASE COMPLETE THE FOLLOWING INFORMATION:

Family Physician _____ Street Address _____
City, State, Zip _____ Phone # / Fax # _____

I understand that I must obtain a physician consent/medical release before participating in a fitness testing or exercise class, program or regimen at Sports Rehab and Professional Therapy Associate's exercise facility. I have completed the form to the best of my knowledge and ability, and if needed, hereby authorize release of the above information to my physician to obtain a medical release before participating in any of the wellness/exercise programs.

Signature: _____ Date: _____

