



Membership Packet

Hours of Operation:

Monday – Thursday * 6:00 am – 7:30 pm

Fridays * 6:00 am – 7:00 pm

(Closed Federal Holidays)

Contact Us:

SSMC 3, Level M2

Phone: 301-713-0473 * Fax: 301-713-0475

Email: fitness.center@noaa.gov

website: www.noaafitness.net

Managed By:



elevation
CORPORATE HEALTH

Rules & Regulations

1. **Membership Identification:** Members must sign-in at the front desk prior to starting their workout. All members will be given badge access into the facility.
2. **Hours of Operation:** Only the staff is allowed in the facility before or after operating hours.
3. **Health and Safety:** Members must immediately notify the staff if they experience any unusual/abnormal physical sensations before, during, or after exercise. Any changes provided to the Pre-Participation Screening Questionnaire must be reported to the staff. It is at the discretion of the NFC staff to request participants obtain a physician's clearance in order to use the facility.
4. **Attire:** Appropriate athletic clothing and footwear should be worn at all times.
5. **Locker/Shower Facility:** Rental lockers and Day Use lockers are available. Rental lockers must be assigned by the staff and paid for by the member before items can be left in overnight. Day use lockers are available for use during each visit. Members are responsible for providing a lock to secure their belongings. Each member is to use ONE locker at a time. The staff is not responsible for any lost, stolen, or damaged items stored in the locker rooms. Unless you have rented a locker, no belongings should be left in the lockers overnight. Items left overnight will be removed by the staff, and held in the Lost and Found for 30 days after which they will be donated or discarded. Lockers are non-transferable.
6. **Exercise Floor/Equipment:** Obtaining a physician's clearance may be required in order to use the equipment. It is highly recommended that members schedule an orientation before utilizing the equipment. Any equipment or facility breakdown/malfunction must be immediately reported to the staff.
7. **Group Exercise:** Group exercise classes are scheduled by the staff in conjunction with the Board of Directors, based on the needs and interest of the majority of participants. Scheduled classes have priority of use of the group exercise floor.
8. **Cancellation/ No Refund Policy:** All members wishing to cancel their membership must notify the staff and submit a written cancellation form. Federal employees must complete a Payroll Deduction Cancellation Form. The member should notify the staff immediately if the cancellation does not become effective after 3 pay periods. Failure to cancel through this procedure relieves NFC of any responsibility for reimbursement. Pursuant with MD state law, a member may cancel membership for full refund within three (3) days of enrollment by giving written notice either in person or by USPS certified mail. It is the member's responsibility to ensure that automatic payments have ceased after cancellation. The NFC does not offer retroactive refunds (time prior to cancellation date) for any of its payment plans. For monthly memberships, no refund will be given for the month in which you cancel your membership and the membership remains valid through to the end of the month. Monthly membership cancellation requests must be completed prior to five (5) days before the month's end to avoid further charges. For biannual and annual memberships, a prorated refund (less 5% transaction fee) may be given in cases involving extenuating circumstances, which shall be identified in the request for cancellation. All requests shall be submitted via the NFC Member Request Form and will be reviewed and decided upon on a case-by-case basis. **Cancellation/Refund Policy subject to change. NFC website will contain most current policy.*
9. **Code of Conduct:** Grounds for Revoking or Suspending Membership: A violation of any rule or regulation is grounds for either suspension or revocation of membership. Unruly behavior towards staff or fellow members is unacceptable and will not be tolerated under any circumstances. The Board of Directors will set the period of suspension based on the type and degree of violation.
 9. a. **Code of Conduct- Sexual Harassment:** The NFC does not tolerate sexual harassment of any kind to other patrons, staff, or guests. Sexual Harassment as defined can take many forms. It may be, but is not limited to: words, signs, jokes, pranks, intimidation, physical contact or violence. Harassment is not

necessarily sexual in nature. Sexual harassment may include unwelcome sexual advances, requests for sexual favors, other verbal or physical contact of a sexual nature when such conduct creates an intimidating environment, prevents an individual from effectively performing the duties of their position, or when such conduct is made a condition of employment or compensation, either implicitly or explicitly. The NFC has the right to take immediate action up to and including revoking membership.

10. **Expired Membership:** A \$35.00 late fee will be charged if a membership is not renewed on time. Memberships not renewed by the fifteenth of the following month will be cancelled.

Welcome to the NOAA Fitness Center (NFC). NFC provides comprehensive health and fitness programming designed to meet your needs and goals for a healthier lifestyle. The center is staffed with highly qualified fitness professionals trained in fitness testing, exercise programming, and health promotion.

To become a NFC member you must:

1. Read and complete all forms in this packet.
2. Return completed: application, health history, informed consent, and waiver with initial payment to the fitness center staff.
 - a. Application
 - b. Pre-Participation Questionnaire
 - c. Waiver and Release
 - d. Initial payment to the fitness center staff
3. All new NFC members are highly encouraged to schedule a Fitness Assessment and/or One-on-One Training before exercising.

I have received a copy of the NFC rules and regulations:

Print Name: _____ **(Please write clearly)**

Signature: _____ **Date:** _____

FOR OFFICE USE ONLY:

| | |
|------------------------------------|--|
| Membership Type | |
| Membership Dues/Fees paid | |
| Initial after completing checklist | |

Membership Application

LAST NAME: _____ FIRST NAME: _____ M.I. _____

DATE OF BIRTH: _____ GENDER: M or F (please circle one)

EMAIL ADDRESS: _____

LINE OFFICE/DEPARTMENT: _____ WORK PHONE: _____

CELL PHONE: _____

HOME ADDRESS: _____

HOW DID YOU HEAR ABOUT US? _____

IF REFERRAL; REFERRED BY: _____

Emergency Contact

NAME: _____ PHONE: _____

DUES AND FEES*

Initiation Fee

Waived for limited time

Online Membership Options:

\$30/Monthly

\$156/6months

\$312/Annual

Payroll Deduction:

\$12/Per Pay Period

NOAA Intern/Fellow

\$20.00/ month

Daily Guest Fee

\$10.00/ visit

Locker

Large

\$60.00/ 6 months

Small

\$30.00/ 6 months

CHECK HERE IF YOU HAVE EVER BEEN A MEMBER PREVIOUSLY

Pre-Participation Screening Questionnaire

Please complete this form to help us determine your readiness to begin a physical activity program. The information you provide will remain completely confidential and will only be disclosed to the NOAA Fitness Staff. With your authorization, it may be released to your physician (s) should your answer (s) indicate physician's recommendations are necessary. This information will only be used for the purpose of participating in our program.

- | | Y | N | |
|-----|--------------------------|--------------------------|--|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | Have you had a heart attack, stroke, or heart surgery? Please specify _____ |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | Has your doctor said that you have cardiovascular, pulmonary, metabolic or other significant disease? |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | Has your doctor said that you have a heart murmur or irregular heart beat? |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | During or right after exercise, do you have pains or pressure in the left or mid-chest area, left neck, shoulder or arm? |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | Do you experience shortness of breath at rest or with mild exertion? |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | Do you experience dizziness/fainting spells at rest or with exertion? |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | Do you have insulin-dependent diabetes or take medication to control your blood sugar? |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | Do you have a medical condition not mentioned here <i>which might affect your ability to participate in an exercise program</i> (i.e., seizures, emphysema, asthma, etc.)? Please specify _____ |
| 9. | <input type="checkbox"/> | <input type="checkbox"/> | Have you experienced leg pain upon exertion? |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | Has your doctor said you have a musculoskeletal disorder that could be made worse by physical activity (i.e., bursitis, arthritis, joint or muscle disorder, etc.)? Please specify _____ |
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | Are you are currently taking prescription medication for an underlying disorder (i.e., heart, lung, GI, blood) that may impact your ability to exercise? If yes, please complete the Medication Information section on the reverse side. |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | Are you currently pregnant or within six weeks postpartum? (# of months pregnant _____) |

If you answered yes to any of the statements above, you must consult your physician before engaging in exercise.

- | | | | |
|-----|--------------------------|--------------------------|--|
| 15. | <input type="checkbox"/> | <input type="checkbox"/> | Are you a male over the age of 45? |
| 14. | <input type="checkbox"/> | <input type="checkbox"/> | Are you a female over the age of 55, or post menopausal, or had a hysterectomy? |
| 15. | <input type="checkbox"/> | <input type="checkbox"/> | Do you smoke or have you smoked within the last 6 months? |
| 16. | <input type="checkbox"/> | <input type="checkbox"/> | Has your doctor said you have high blood pressure ($\geq 140/90$) or are you on medication for your blood pressure? |
| 17. | <input type="checkbox"/> | <input type="checkbox"/> | Is your total serum cholesterol >200 mg/dl? |
| 18. | <input type="checkbox"/> | <input type="checkbox"/> | Do you have a male family member (father/brother) who has had a heart attack/heart surgery before age 55 OR a female family member (mother/sister) with this condition before age 65? Please specify _____ |
| 19. | <input type="checkbox"/> | <input type="checkbox"/> | Are you physically inactive (i.e., you accumulate less than 30 minutes of physical activity at least 3 days/week) |
| 20. | <input type="checkbox"/> | <input type="checkbox"/> | Do you consider yourself more than 20 lbs. overweight? |

If you answered yes to two or more of the statements above, you must consult your physician before engaging in exercise.

Please list any other pertinent health/ medical information staff should be aware of: _____

Signature: _____ Date: _____

WAIVER & RELEASE FORM

Because physical exercise can be strenuous and subject to risk of serious injury, the NOAA Fitness Center urges you to obtain a physical examination from a doctor before using any exercise equipment or participating in any exercise activity. You (each member, guest, and all participating family members) agree that if you engage in any physical exercise or activity, or use any center amenity on the premises or off premises including any sponsored club event, you do so entirely at your own risk. Any recommendation for changes in diet including the use of food supplements, weight reduction and/or body building enhancement products are entirely your responsibility and you should consult a physician prior to undergoing any dietary or food supplement changes. You agree that you are voluntarily participating in these activities and use these facilities and premises and assume all risks of injury, illness, or death. We are also not responsible for any loss of your personal property.

This waiver and release of liability, without limitation, all injuries which may occur as a result of; (a) your use of all amenities and equipment in the facility and your participation in any activity, class, program, personal training or instruction, (b) the sudden and unforeseen malfunctioning of any equipment, (c) our instruction, training, supervision, or dietary recommendations, and (d) your slipping and/or falling while in the club, or on the club premises, including adjacent sidewalks and parking areas.

You acknowledge that you have carefully read this "waiver and release" and fully understand that it is a release of liability. You expressly agree to release and discharge the health club, and all affiliates, employees, agents, representatives, successors, or assigns, from any and all claims or causes of action and you agree to voluntarily give up or waive any right that you may otherwise have to bring a legal action against the center for personal injury or property damage.

To the extent that statute or case law does not prohibit releases for negligence, this release is also for negligence on the part of the Center, its agents, and employees.

If any portion of this release from liability shall be deemed by a Court of competent jurisdiction to be invalid, then the remainder of this release shall remain in full force and effect and the offending provision or provisions severed here from.

By signing this release, I acknowledge that I understand its content and that this release cannot be modified orally.

Signature _____ **Date:** _____

Staff Witness: _____ **Date:** _____

