

BYRON-BERGEN CENTRAL  
SCHOOL DISTRICT

# FITNESS ROOM



Gillam-Grant Community Center  
Community Education Program

### **WHERE IS THE FITNESS ROOM LOCATED?**

In the Byron-Bergen High School, in the northwest wing ( Room #51). Entrance to the facility will be through this wing's entrance. The telephone number for this room is 494-1220 Ext. #2051.

### **WHO IS ELIGIBLE TO PARTICIPATE?**

Gillam-Grant Community Center employees and members, and the Byron-Bergen Central School District adult residents, faculty/staff and their immediate families. Children who reside in the District and are **Between the ages of 13 and 16 must be supervised by a parent/guardian at all times** to use the equipment during these public sessions.

### **WHAT ARE THE HOURS?**

The Fitness Room is available to approved users Monday, Wednesday and Friday from 6:00 –8:00 p.m. NOTE: Hours of operation are subject to the availability of a supervisor and/ or schedule changes. When School holidays fall on Monday or Friday, the Fitness Room is Closed. Also, when the school is closed due to inclement weather, the Fitness Room is closed as well.

The Fitness Room is closed on Sunday's, legal holidays, select special events, and any school maintenance shutdowns. In addition, the District reserves the right to close the Fitness Room at any time at its sole discretion.

### **WHAT TYPE OF EQUIPMENT IS AVAILABLE?**

The Fitness Room has a cardiovascular area which may be used to improve, maintain or enhance cardiovascular fitness. It is equipped with treadmills and an elliptical trainer. The cardiovascular equipment is designed for use by people of varying fitness levels from beginner to the more advanced. Circuit training utilizing a full circuit of sectorized strength training machines is also available. These machines are effective for training all the major muscle groups of the body, utilizing exercises that are common to training programs for beginners to elite athlete.

There is also a free weight area with a full range of weights, benches, and equipment for those who prefer to do strength training with this type of equipment.

### **HOW CAN I BECOME A PARTICIPANT?**

1. Register for and complete an equipment orientation/training session. Registrations may be done on specific dates on-site or at the Gillam-Grant Community Center.
2. You must also complete and return all the following forms to the Fitness Room Supervisor or the Gillam-Grant Community Center Office before gaining access to the Fitness Room:

Physician Medical Clearance Form

Informed Consent/ Assumption of Risk Form

Fitness Room Participant Information Form

### **WHAT IS THE USAGE FEE?**

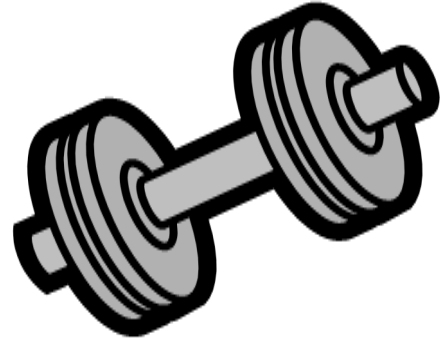
Effective 01/04/17-04/28/17 the fee is as follows: \$50/ GG Members; \$55/ Non-Members

### **CURRENT BYRON—BERGEN CENTRAL SCHOOL STUDENTS**

No charge for **current** Byron-Bergen Central School students, but they **are required** to have completed Fitness Room paperwork on file. Byron-Bergen Athletic Teams may not use the fitness room during these hours.

## **GENERAL FITNESS ROOM GUIDELINES**

- There is **NO food, drink or gum** at any time in the Fitness Room. Water bottles are acceptable.
- We are not responsible for lost or stolen items.
- Proper exercise attire must be worn, including: Shorts, sweats, T-shirt, socks and sneakers. All jewelry must be removed before starting.
- All participants should have a towel to wipe down equipment after use.
- No horse play is allowed at any time.
- Proper warm-up and stretching before a work-out is necessary.
- Use equipment properly.
- Make sure sneakers are not wet or muddy.
- Notify Fitness Room supervisor if equipment is in need of repair. Each participant should keep a work out chart to monitor progress. Sign in and sign out of the Fitness Room on sheets provided.



### **FREE WEIGHT AREA**

Always use spotters.

Make sure collars are secure.

Do not drop weights on floor or lean plates against the wall or machines.

Remove plates from bars and place on storage racks when finished.

Place all dumbbells on proper storage racks.

### **MACHINE AREA**

Make sure all pins are securely in place before lifting.

Keep hands and loose clothing away from weight stacks, cables and pulleys.

Do not bang weight stacks.

Multiple set users must yield the right of way to individuals completing a circuit.

Place all weights on the machine's storage horns.

### **CARDIO AREA**

Warm-up properly before beginning an aerobic workout.

Sign up on appropriate clipboard for the piece of equipment you want to use.

20-minute time limit when people are waiting.

Wipe down equipment when finished.

### **SAFETY**

Fitness equipment is NOT to be used without the supervision of a properly trained Fitness Room Staff member.

All rules and regulations listed above are to be followed.

Abuse of rules and regulations will result in denial of Fitness Room privileges.

Only people exercising will be allowed in Fitness Room. No spectators or children under 13 years of age.

Do not use equipment that is broken.

Report any damage to supervisor.

Report any injuries immediately to supervisor.

### **CLEAN-UP AT THE CONCLUSION OF YOUR CLASS OR SESSION**

Return all free weight plates and dumbbells to proper storage racks. Do not leave plates on the bars, on power racks, on smith machines, on the floor or leaning against equipment or walls.

Olympic bars are to be stored properly.

Do not move equipment. All equipment is placed in a specific place for a reason.

Please check cables, plates and other areas for damage. If you see a problem, notify a supervisor immediately. Respect the equipment. Do not abuse it.

# BYRON-BERGEN SCHOOL DISTRICT FITNESS ROOM PARTICIPANT INFORMATION FORM

Name: \_\_\_\_\_  
(Last) (First) (MI)

Address: \_\_\_\_\_  
(# and Street)  
\_\_\_\_\_  
(City/ Town/ Village) (State) (Zip Code)

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Phone #: Home: (\_\_\_\_) \_\_\_\_\_

Work: (\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_

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

Emergency Contact #: (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_  
(Spouse/Parent/Guardian)

## Physical Waiver:

**I certify that the applicant has had a physical examination in the last 12 months and is physically fit to engage in all activities related to the use of the Byron-Bergen Central School Fitness Rooms.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Are you a Byron-Bergen Central School District resident?    Yes            No

### **FOR GILLAM-GRANT CENTER AND FITNESS ROOM OFFICE USE ONLY**

- Physician's Medical Clearance Form Received (As Needed)
- Parental Authorization and Waiver of Claims Form Received
- Orientation Complete: (Date: \_\_\_\_\_ )
- Starting Date: \_\_\_\_\_

## PARENTAL AUTHORIZATION AND WAIVER OF CLAIMS

Your child has an opportunity to participate in the Byron-Bergen Central School District's Fitness Room through a program of the Gillam-Grant Community Center. Prior to your child's use of the Fitness Room, you must provide the Gillam-Grant Community Center with the following:

1. A fully completed Physician's medical Clearance form for your child;
2. An Informed Consent and Assumption of Risk form signed by your child and yourself, as the guardian of your child; and
3. This parental Authorization and Waiver of Claims form.

***No child (under 18 years of age) will be allowed to use the District's Fitness Room if these requirements are not met.***

### **STATEMENT OF AUTHORIZATION:**

As the parent/guardian of \_\_\_\_\_ (child's name - please print), I give consent for my child to use and participate in the activities of the Gillam-Grant Community Center's use of the Byron-Bergen Central School Fitness Room. In doing so, I state that I understand and agree to the following:

1. In case of medical emergency, I grant any Fitness Room supervisor and District employee the right to authorize medical care for my child.
2. I have obtained a completed Physician's Medical Clearance form for my child.
3. My child has completed the Informed Consent and Assumption of Risk form, which I have acknowledged as parent/guardian of my child, I agree to the terms and conditions set forth in that Informed Consent form on behalf of my child as his/her parent/guardian.

### **AUTHORIZATION STATEMENT:**

I have read this Parent Authorization and Waiver of Claims form and the Informed Consent and Assumption of Risk form, understand both and have discussed their contents with my child. Based on the foregoing, I fully and voluntarily agree to the terms and conditions set forth in this form and the Informed Consent and Assumption of Risk form as a condition of my child's use of the District's Fitness Room and his/her participation in its activities.

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(Parent/Guardian Signature)

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(Date)

BYRON-BERGEN SCHOOL DISTRICT FITNESS ROOM  
**INFORMED CONSENT AND ASSUMPTION  
OF RISK AGREEMENT**

User Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_  
(Please Print)

Address: \_\_\_\_\_  
(# and Street)

\_\_\_\_\_ (City/ Town/ Village) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code)

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

Emergency Contact #: (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_  
(Spouse/Parent/Guardian)

\* If under age 18, Name of Users Parent/ Legal Guardian: \_\_\_\_\_  
(Please Print)

Parent/ Legal Guardian Phone #: (\_\_\_\_) \_\_\_\_\_

As a condition of using the Byron-Bergen Central School District's Fitness Room, I acknowledge that I have read this form, fully understand it, and agree to its terms and conditions.

1. I hereby acknowledge that I have obtained medical clearance from my physician for use of the Fitness Room's equipment and participation in Fitness Room exercise activities, and have provided proof of such to the District through a medical clearance form which is signed by my physician. I further understand that I will be solely responsible for monitoring the manner and intensity of my use of the Fitness Room's equipment and participation in its exercise activities, and will do so in a way which will not jeopardize my health, safety or physical well-being, or the health, safety or well-being of other Fitness Room users. In particular, I agree that I am solely responsible for complying with any restrictions identified by my physician as to use of the equipment or participation in exercise activities. I further agree that if any circumstances occur which would impact my physician's medical clearance, I will notify the District and my physician of such.
2. I hereby acknowledge that I have participated in the Fitness Room orientation/ training program provided by the District. I agree to follow all directions of the Fitness Room supervisor, and acknowledge that failure to follow such directions may result in the termination of my privilege to use the Fitness Room.
3. I understand that the supervision of the Fitness Room provided by the District and/ or the Gillam-Grant Community Center is general in nature, and the Fitness Room supervisor is not responsible for supervising or monitoring the manner or intensity of my use of the equipment or participation in exercise activities.

4. I hereby acknowledge that my use of the District's Fitness Room involves risks including possible injuries to bones, muscles, tendons and ligaments, dehydration, abnormal blood pressure, fainting and heart disorders (including heart attacks).

Based on the foregoing, I assume all risks associated with my use of the District's Fitness Room.

I hereby release the Byron-Bergen School District, its Board of Education (in both their corporate and individual capacities), Gillam-Grant Community Center, and their employees, agents and assigns, for all claims (of any nature) relating to my use of the District's Fitness Room, including, but not limited to claims for personal injury or death, and damage to or loss of personal equipment.

User Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If User is under 18 years of age,** the User's parent or legal guardian must also sign this form as acknowledgement and acceptance of the terms and conditions set forth herein on behalf of the User.

User Parent/Guardian

Signature: \_\_\_\_\_ Date: \_\_\_\_\_