



AQUATIC CENTER MEMBERSHIP AGREEMENT

By signing below you agree to purchase a membership at Orange City Area Health System Aquatic Center (OCAHS Aquatic) on the terms and conditions described in this Agreement, including the terms of the Cancellation and Refund policy. You agree to make the payments shown in the Agreement and to abide by the Rules and Regulations of the OCAHS Aquatic as set forth below and as they may be from time to time amended, in our sole discretion. As part of this Agreement, you are providing OCAHS Aquatic with a release and waiver on this same form.

Form fields for personal information: Last Name, First, M.I., Home Phone, Current mailing address, City, State, Zip, E-mail address, Date of Birth, Contact name in case of emergency, Relationship, Phone, Last 4 digits of SSN (scheduling password).

Membership Type Purchased: Total Paid (10% off for Seniors)

Table with 4 columns: Membership Type, 1 Month, 3 Months, 1 Year. Rows include Single, Couple, and Family with corresponding prices.

If membership type other than single, list other(s) to be included:

Table for additional members with columns: Name, Relationship, DOB.

Your payment options are:

Payment options: [] Cash, [] Personal Check, Initial: _____

(OCAHS Only: Your membership begins on ___/___/___ and expires on ___/___/___)

Acknowledgement & Release:

I, _____, understand that use of OCAHS Aquatic facility and its equipment is at my own risk. I acknowledge that I will only use equipment on which I have received training or instruction as to proper use. I assume full responsibility for any and all injuries arising out of my use of the OCAHS Aquatic facility, including any and all equipment therein.

I agree to release Orange City Area Health System, its directors, officers, employees, and agents from any and all claims that I may have for injuries arising out of my use of the aquatic center, including any and all equipment therein. I hereby acknowledge the membership agreement set forth by OCAHS Aquatic is a privilege and that the membership may be revoked at any time if misused.

I further acknowledge that the above statements regarding assumption of risk were read by me and that I understand them. I hereby agree to the above terms and conditions. Initial: _____

Refund & Resignation Policy:

OCAHS Aquatic membership refund & resignation policy is as follows: Membership refunds and resignations require a 30-day notice. Refunds and resignations are only given if you move out of our service area or have a doctor's excuse why you cannot use your membership. Refunds will be given to 12-month memberships with your fees prorated after 3 months. Medical resignations will be prorated for actual length of membership used. Initial: _____

Signature and Date lines for member and staff.

These forms MUST be returned to OCAHS before attending orientation



Aquatic Center Participant Policies

In accordance to standards of care for the fitness industry, the following policies are to be understood and followed by EVERYONE that uses the aquatic center:

All participants must complete and return the three membership forms to the hospital before attending an orientation session. After submitting your membership forms, you will be contacted to schedule your orientation where we'll show you how to operate the pool current, review the policies and rules of the Aquatic Center and show you how to make pool reservations online. Please call 737-5324 if you have any questions.

No lifeguard will be present or on duty at the aquatic center at any time. All persons using the pools will do so at their own risk unless otherwise provided by OCAHS policies.

Individuals age 12 to 18 will not be permitted to use the aquatic center without adult supervision. No one under the age of 12 is permitted to use the facility without prior approval. Children under 12 are not allowed to accompany parents or other adults into the aquatic center without prior approval.

No food or drinks other than water in a closed container are permitted in the aquatic center except as provided for in the case of medical exceptions requiring prior approval.

The aquatic center is not responsible for lost or stolen articles from either the locker rooms or the aquatic center.

Participants are expected to be courteous of each other and staff. Courteous behavior includes, but is not limited to appropriate language and gestures.

Appropriate swim wear is required for use of the aquatic center.

Abuse of the equipment will not be tolerated.

Aquatic center membership carries with it the responsibility of appropriate conduct. Violation of any rules or other abusive or irresponsible behavior may result in a suspension, or revocation, of aquatic center privileges.

By signing this document, I acknowledge the fact that these policies have been presented and explained to me and I agree to abide by them.

Participant signature _____ Legal Guardian signature _____

Print Name _____ Print Name _____

Date _____ Date _____

Name: _____



Orange City Area
Health System

Aquatic Exercise Risk Assessment Questionnaire

In order to 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 participating in any type of wellness/aquatic program in our facility. Following review of your medical health history and risk assessment questionnaire, we will request physician approval for medical clearance prior to your participation in our aquatic 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.
- Heart Disease: Heart condition that requires regular check-ups with doctor or medication management of condition.
- Cigarette Smoker: Currently smokes OR a history of smoking in the past 12 months.
- Respiratory Condition: Any respiratory abnormalities that requires regular check-up with a doctor OR medication management of condition.
- High Blood Pressure: Greater than 140/90 mmHg on at least 2 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 DO NOT KNOW YOUR CHOLESTEROL LEVEL.)
- Diabetes: Have insulin dependent diabetes OR non insulin dependent diabetes & older than 35 years.
- Seizure Disorder: History of seizure disorder in 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_____

I understand that I must obtain physician consent/medical release before participating in a wellness/aquatic exercise program. 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 participation in any of the wellness/aquatic programs.

Signature:_____ Date:_____

.....
I have reviewed the above information provided and.....

- give consent for the above named to participate in an aquatic exercise program.
- do not recommend that the above named participate in an aquatic exercise program.

Physician Signature:_____ Date:_____

****You do not need to obtain your physician's signature. Return form to OCAHS and we'll submit to your physician****