



MemberGuidelines

CENTRAL CITY CONVENTION CENTER

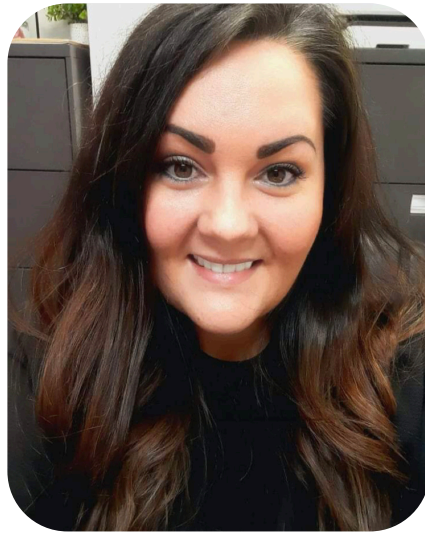


CHILDREN UNDER 16 ARE NOT ALLOWED WITHOUT AN ADULT



Central City Convention Center
320 Golden Tide Avenue | Central City, KY 42330

Phone: (270) 757-1723



CASSIE WILKINS-LONEY

Executive Director



IN HONOR OF
ALL MULENBERG
COUNTY VETERANS

MEMBER GUIDELINES

Welcome to the Central City Convention Center. Thank you for choosing us to assist you in becoming a more healthy and motivated you. Our goal is to provide each guest and member with:

- A clean, well-maintained facility
- A qualified and friendly staff who are eager to help you reach your goals as a member.
- State-of-the-art exercise equipment
- A variety of programs and classes to benefit members of all fitness levels.

The following guidelines have been developed to ensure a comfortable, safe environment for all members and guests. The Central City Convention Center reserves the right to terminate any membership of anyone who does not follow these guidelines.

HOURS OF OPERATION

Monday - Friday	4:00 a.m. - 9:00 p.m
Saturday	6:00 a.m. - 6:00 p .m.
Sunday	1:00 p.m. 7:00 p:m.

The Central City Convention Center is closed on New Year's Eve, Easter, Thanksgiving, Christmas Eve and Christmas Day.

Inclement weather closing notices will be communicated as warranted for the safety of our members and staff.

GENERAL RULES AND GUIDELINES

- All members and guests use the Central City Convention Center at their own risk. The center is not responsible for any pre-existing conditions or injuries sustained while using the facility.
- The use of all facilities is subject to posted rules and policies.
- The Central City Convention Center is a tobacco free facility. Smoking and E-cigs are not permitted on the Central City Convention Center property. This includes all sidewalks surrounding the property and the outdoor pool. Chewing or spitting tobacco is also not allowed in the locker rooms, weight rooms, or anywhere in the facility.





GENERAL RULES AND GUIDELINES (continued)

- Alcohol is not allowed on the premises
- Weapons are NEVER permitted on the Central City Convention Center property, with the exception of public law enforcement officers. Weapons are defined as any firearm, knife, club or device that could cause bodily harm or injury.
- Please respect all of Central City Convention Center's property. Abuse or intentional misuse of equipment within the facility is prohibited and will result in membership termination. Members and guests are asked to respect the rights of other members/guest.
- The Central City Convention Center reserves the right to remove equipment and areas of the facility to perform necessary maintenance. Our intent is to provide this information to our members and guests as soon as we are aware. We will attempt to make repairs to equipment or areas as soon as possible.

EMERGENCY POLICIES

- **Emergency Pull Cords**
There are emergency pull cords located in both men's and women's shower area. Members and staff may pull the cords in the event of an emergency to activate facility procedure for emergency assistance needed from staff.
- **Injuries**
Please report all injuries to the front desk/concession stand.
- **Fire Safety**
In case of a fire emergency, please take all alarms from the fire alarm system seriously. Fire exits are clearly marked.
- **Evacuation Maps**
There are evacuation maps located at the front desk, child care and weight room. If you have any questions regarding the evacuation maps, please do not hesitate to ask our staff members.
- **Inclement Weather Policy**
The Central City Convention Center may close due to inclement weather. This decision is at the discretion of the director or mayor.



GUEST POLICIES

- Daily guest passes must be purchased at the front desk.
- All guests must check in at the front desk and need to fill out a guest wavier.
- Guests under 16 MUST be accompanied by an adult. No exceptions.
- Guest pass price is \$7 PER person (for EVERY age).
- Guest passes are ONE entry only.
- Guest passes are NOT refundable.

PAYMENT

- We accept cash, check, Visa, Mastercard, and American Express.
- We CANNOT accept cash app cards for EFT billing
- Central City Convention Center gift certificates are available for purchase only from the beginning of November to December 31st.
- Gift Certificates must be redeemed before a year after the gift certificate is purchased.
- The Central City Convention Center is not responsible for lost or stolen gift cards.

Monthly Payment Plan:

Monthly Payment of your user fees can only be made through the Bank Draft plan. The Bank Draft Plan is a convenient method that allows your checking/savings account or your credit/debit card to be automatically debited monthly for the amount previously published for your user fee payment plan. This method is termed EFT, Electronic Funds Transfer. EFT may be drafted from your checking/savings account or a credit card. User fees will be withdrawn the 5th day of each month. If you decide to change your bank draft, you must notify the CCCC in writing by the 15th of each month, prior to the next succeeding draft. Bank Draft initial payment includes the first month's prorated user fee (if applicable).

Quarterly Payment Plan:

Should you not wish to participate in the Bank Draft Plan, you may pay for three (3) months of user fees in advance with cash, check, debit or credit card. You must pay the first months prorated fee and the first quarterly payment when joining as a member

Annual Payment Plan:

You may also pay for a full year of user fees. The Annual Plan may be paid with cash, check, debit or credit card. Should you wish to pay in full for one year, a discount is applied to receive one month free (i.e. pay for 11 months, receive the 12th month free) and the proration fee is waived.



PARKING

- A bike rack is available near the entrance of the outdoor pool. All bikes should be locked while not attended.
- We recommend that you lock your vehicle and do not leave valuables inside.
- The Central City Convention Center is not responsible for damage or theft of bikes, automobiles or contents.

CELL PHONES

- No photos or videos may be taken in ANY part of the facility.
- Personal radios (except iPods, mp3 players, etc.) are prohibited.

WIFI

- The Central City Convention Center provides complimentary WiFi access for members.
- See front desk for wifi name and password.

DRESS CODE

- The Central City Convention Center is a family facility. We ask that all attire is appropriate for families and children.
- Any attire that the CCCC considers inappropriate will be prohibited.
- **NO SPORTS BRAS. Biker Shorts must be thigh length.**
- Closed-toe athletic shoes are required for all exercise activities at the Central City Convention Center.
- Muddy shoes or boots are not permitted.
- Swimming attire is only to be worn in the indoor/outdoor pool area. To enter the rest of the facility, you must be clothed. No make shift bathing suits or cut offs.
- Proper exercise attire is required at all times including clean shirts/sweatshirts/shorts/pants.
- Appropriate footwear must be worn in the gymnasium at all times.



LOST & FOUND

- The lost and found for the Central City Convention Center is located at the front desk.
- It is the member's/guest's responsibility to claim lost items.

CHILDCARE SERVICES

This child care center is NOT a licensed facility. The child care attendants will provide basic supervision and care during the 90-minute time limit you and your child are in the facility. The basic care includes facilitating play and socialization, comfort and fundamental safety. Children ages 6 weeks to 12 years are welcome. The child care area is free to members who have a family membership. Others will be charged a \$7 guest pass per child, per visit. Children may not be left unattended in a closed child care room.

1. Children must be checked out by the same parent.
2. The maximum stay is 90 minutes.
3. All parents must be participating in a CCCC activity and may not leave the facility at any time for any reason. Failure to abide by this will result in immediate termination.
4. The CCCC child care attendants are NOT required to administer medication, prepare bottles of formula or serve meals to the children in child care. Employees are also NOT allowed to change soiled diapers or linens. Parents will be asked out of programs, classes or workouts to attend to these issues.
5. Children who are ill should not be brought into the child care area.
6. CCCC reserves the right to refuse children due to behavioral problems or health reasons. Parents will be notified of such problems as the situation arises.

CHILDCARE HOURS

MONDAY - FRIDAY
8 a.m. - 8 p.m.

SATURDAY
8 a.m. - 12 p.m.

SUNDAY
1 p.m. - 5 p.m.

No Sign In's After 7:30pm

LOCKER ROOMS

The CCCC locker rooms are complete with large lockers, private shower areas and easy access to the pool area. Please keep locker rooms clean and neat by disposing of trash. Additionally, using the lockers will keep personal items safe and secure while using the facility. Locker rentals are also available. please see the front desk attendant.



OUTDOOR POOL AND SPRAY PARK

INDOOR POOL

Pool Hours:

Monday - Friday: 8:00am-8:45pm

Saturday: 6:00am-5:45pm

Sunday: 1:00pm-6:45pm

- Shower before swimming
- No diving, running, horseplay or jumping off the diving blocks. No playing on the lane lines, guard stands, etc.
- No glass bottles or breakables
- No food inside the pool area, sauna or changing areas
- Appropriate swim attire only. No cut offs, make-shift bathing suits, thongs, etc.
- No PDA (public displays of affection) No kissing, inappropriate touching, groping, etc.
- Do not disturb guard on duty
- Listen to the guard on duty
- No profanity
- No one under 16 is allowed in the pool without adult supervision
- Children under the age of 13 must have an adult in the water.
- Adult supervision is considered 18 or older.
- At no time shall a child under 16 be left alone without a parent or guardian in pool area

SAUNA

- Observe sauna instructions before entering.
- Users must be 16 or older
- Shoes are prohibited
- Shower before entry.
- Do not pour any liquid over rocks. Please use the spray bottle to spray the rocks

- No outside food or drink may be brought in.
- No Alcohol
- Children under 13 must be accompanied by an adult. Parents and guardians are responsible for their children.
- No diving except in designated areas.
- No running, screaming or horseplay.
- Please remove all toys and floats before leaving.
- No glass or breakable items.
- No profanity or fighting.
- Please bring arm flotation devices for non-swimmers. Use swim diapers for children who are not potty trained.
- Swimming attire only. No cut offs, make shift bathing suits, no thongs, no PDA, etc.

2 HOUR RENTALS STARTING AT \$150

We have the right to refuse service to anyone who doesn't follow the rules listed.





CHAIRLIFT PROCEDURES

The Central City Convention Center has a chairlift located in the indoor/outdoor pool area to assist those who are unable to enter or exit the pool by themselves. Please see the front desk or concession stand for assistance using the chairlift.

FITNESS EQUIPMENT USAGE

- All equipment must be cleaned after every use. There are paper towels and disinfectant spray in every room that contains exercise equipment. This helps prevent the spread of germs and to prevent damage to the machines.
- Spotters are highly recommended when doing heavy lifting. The CCCC Staff members are available for assistance.
- Please share the equipment. Please only stay on the machines for a reasonable amount of time.
- Class equipment is not allowed in the weight room.

WEIGHT ROOM/FITNESS ROOM

This area has been created to house the latest in cardiovascular and strength training equipment. Top of the line equipment includes Life Fitness and Hammer Strength.

- Children under sixteen (16) are not allowed in the weight room. Anyone older than sixteen may utilize the facility as they deem necessary. Children under 12 are not allowed in the weight room at anytime. Child care will be available for children 10 and under at designated times.
- Proper exercise attire is required at all times including clean shirts/sweatshirts/shorts/pants and clean closed toe athletic shoes.
- No food or beverages are allowed in the weight room except water bottles with secure lids. In the event of a spill, wipe the area clean immediately and inform a CCCC staff member if further cleaning is needed.
- No tobacco products allowed.
- Use the equipment properly, following signs and directions. A staff member will be on duty to assist you with any questions, comments and/or concerns. Failure to follow these rules and abide by the staff members' directions will result in immediate expulsion and being barred from further use.
- Cardiovascular equipment is on a first come, first serve basis. During busy hours, users may be required to sign up for the next available machine. Use of the cardiovascular equipment may be subject to a maximum usage time during peak hours.
- Immediately report any weight room related injury or facility/equipment irregularity to a CCCC staff member. Do not attempt to repair/adjust any equipment that has malfunctioned.
- All bars, weights and dumbbells must be returned to their proper plate holders and racks after use. Do not lean plates against walls or frames of equipment.
- Slamming or dropping weight stacks or free weights is prohibited.



GYMNASIUM

- No food or beverages are allowed in the gymnasium except water bottles with secure lids. In the event of a spill, wipe the area clean immediately and inform a CCCC staff member if further cleaning is needed.
- No tobacco or alcohol products allowed.
- Profanity is strictly prohibited. Play with sportsmanship and courtesy at all times.
- Appropriate footwear must be worn at all times.
- No glass items.
- Do not kick basketballs or volleyballs.
- Disputes will NOT be tolerated. A CCCC staff member will have the final authority to expel or ban members from the facility.
- No dunking or hanging on the rims.

INDOOR/OUTDOOR PICKLEBALL COURTS

- Our outdoor Pickleball court is free to use for members and non-members, please bring your own raquets and balls and report any damages to the front desk

USER INFORMATION

- Please keep the CCCC staff advised of your current personal and billing information. In case of an emergency, it will save valuable time obtaining assistance and information.
- We believe user fee payment plans are a good value. The CCCC offers quality service at a fair price. We will listen to your concerns and comments. Suggestions are always welcome.
- We expect each user to pay their bills on time, respect policies and take care of equipment.
- Participants in the user fee plans agree to pay their fees, regardless of use. The user fee payment plans are continuous and will remain in effect for one (1) year. In order to terminate a contract, participants must provide a proof of address change – at least 25 miles away – or a doctor’s statement proving the participant is excused from any and all physical activity.

USE OF THE CCCC INCLUDES ACCESS TO:

- Group Fitness Classrooms
- Gymnasium
- Indoor/Outdoor Pools and Spray Park
- Cardio Rooms
- Weight Room
- Outdoor Pickleball Court
- Child Care



USER FEE PLANS AVAILABLE

- Family:** Family user fee payment plan includes legally married, or a single parent, with children under the age of 21, living in the same household that are legal dependents as defined by the IRS. *There will be an additional \$10 fee per person, per month for families with more than 6 members. *Unmarried children (dependents) with dependents – as well as other adult members living in the same household – MUST obtain their own-family membership.*
- Couple:** Couple user fee payment plan. Includes two individuals legally married.
- Senior Couple:** Senior Couple user fee payment plan includes two individuals legally married, with either spouse being at least sixty (60) years of age.
- Adult Individual:** Adult individual user fee payment plan includes a person eighteen (18) years of age or older.
- Senior:** Senior individual user fee payment plan includes a person sixty (60) years of age or older.
- Student Individual:** Student user fee payment plan includes any person currently enrolled as a full time student (a minimum of 12 hours per semester enrolled for college students; 6 hours in summer sessions). Full time college students who are between semesters during the summer break will qualify for this plan during the summer break. High school students who are at least sixteen (16) years of age will also qualify for this plan. If under the age of 18, a parent or guardian will need to sign membership agreement.

Corporate: Corporate user fee payment plans are offered to local businesses willing to pay for employees' user fees to CCCC. Beginning March 1, 2015, in order to receive a corporate discount all memberships MUST be paid in full, withdrawn monthly via EFT or payroll deducted from the employer.

Veteran: Any person having received a discharge (other than a dishonorable discharge) from any of the armed forces of the United States, including the US Coast Guard.

* Veterans shall receive a discount of ten percent (10%) from the user fees. However, multiple simultaneous discounts shall not be applied. For example, no additional discount shall be applied to a Senior rate or Student rate for which are already set at less than the regular user fee.

The CCCC reserves the right to ask for proof of IRS status or other pertinent documentation regarding marital status, proof of dependency and/or verification for full-time student enrollment. All memberships include use of the outdoor pool and spray park at no additional charge. Discounts cannot be stacked.

This is a 12 month contract with monthly or quarterly payments!

	Monthly Installment	Quarterly Installment	Annual
Family	\$51	\$153	\$561
Couple	\$46	\$138	\$506
Senior Couple	\$33	\$99	\$363
Adult Individual	\$33	\$99	\$363
Senior Individual	\$21	\$63	\$231
Student	\$26	\$78	\$286

Guest Passes (every age, one entry only) \$7 NO EXCEPTIONS

All memberships through the Board of Education must be payroll deducted.
Dues may not be paid by the member EFT or quarterly



Central City Convention Center
320 Golden Tide Avenue | Central City, KY 42330

Phone: (270) 757-1723



Silver Sneakers

MEDICARE ELIGABLE PEOPLE (65+)

THIS IS 100% FREE, NO CHARGE TO MEMBERS.

ALL WE NEED IS A SUPPLEMENT CARD SUCH AS HUMANA,
GATEWAY HEALTH, ETC TO CHECK YOUR ELIGIBILITY.

AARP RENEW ACTIVE IS ALSO A SUPPLEMENT PLAN WE ACCEPT.
MEMBERS WHO WISH TO PARTICIPATE IN THIS PROGRAM WITH HAVE
A LETTER CONTAINING A CONFIRMATION ID.

CLASSES ARE MONDAY - FRIDAY

MON • WED • FRI WITH PEGGY MCGEHEE AT 9AM
TUES. • THURS. WITH PEGGIE STEWART AT 8:30 AM

CENTRAL CITY CONVENTION CENTER USER APPLICATION

User Application for Primary User

A primary user shall consist of an adult (age 18 or older) who is responsible for the payment of the monthly fees (as determined by the user fee payment level at which he/she elects to participate). The primary user is responsible for any additional family members included within this agreement. You must provide front desk with a valid driver's license to be photocopied.

Applicant Name	Birth Date			
Home Address	Phone			
<table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">City</td> <td style="width: 33%;">State</td> <td style="width: 33%;">Zip</td> </tr> </table>	City	State	Zip	
City	State	Zip		
Business / Employer	Occupation			
Business Address	Phone			
<table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">City</td> <td style="width: 33%;">State</td> <td style="width: 33%;">Zip</td> </tr> </table>	City	State	Zip	Email Address
City	State	Zip		
Emergency Contact Name	Relationship	Phone		

ADDITIONAL FAMILY MEMBERS (SPOUSE AND DEPENDENT CHILDREN ONLY, NO EXCEPTIONS) (*\$10 additional fee per person, per month for families with more than 6 members)

Name _____	Relationship _____	Birth Date _____
Name _____	Relationship _____	Birth Date _____
Name _____	Relationship _____	Birth Date _____
Name _____	Relationship _____	Birth Date _____
Name _____	Relationship _____	Birth Date _____
Name _____	Relationship _____	Birth Date _____

Please select the type of user fee plan you are enrolling for:

- | | | |
|---|--|--|
| <input type="checkbox"/> Family | <input type="checkbox"/> Married Couple | <input type="checkbox"/> Senior Married Couple |
| <input type="checkbox"/> Adult Individual | <input type="checkbox"/> Senior Individual | <input type="checkbox"/> Student |

CENTRAL CITY CONVENTION CENTER USER AGREEMENT

I, _____, hereby make application for status as an ongoing user at the Central City Convention Center. I acknowledge having received a copy of the facility handbook which contains policies and procedures and I agree to abide by the same. I understand that by signing this contract, I am liable for a full year of membership. I understand that to terminate my contract, I must provide proof of address change of more than 25 miles from the facility and/or a doctor's statement proving I am unable to engage in physical activity. I agree to pay the monthly user fees based on the agreed terms below.

USER FEE PAYMENT PLAN (Please initial the appropriate payment plan)

- _____ User fees paid via electronic funds transfer (EFT from checking or savings)
- _____ User fees paid via electronic funds transfer (EFT from debit or credit card)
- _____ User fees paid in full for three (3) months by cash, check or credit/debit card
- _____ User fees paid in full for one (1) year by cash, check or credit/debit card

CENTRAL CITY CONVENTION CENTER MONTHLY USER FEE PAYMENT AUTHORIZATION

1. The monthly fee is a continuous plan. This authority is to remain in full and in effect for one (1) year.
2. The director of the CCCC may at any time adjust the monthly rate applicable to my category of use. I understand that I will receive thirty (30) days prior notice of any such change.
3. Should my user fee draft not be honored by my bank or credit card for any reason, I understand that I am responsible for any payment plus a \$35 CCCC service charge in addition to any bank service fee(s).
4. I understand that if I wish to terminate or change my user fee plan in any way, I must provide the CCCC with thirty (30) days prior written notice of such change. I further understand I must turn in all CCCC identification cards upon termination of my ongoing user fee plan participation.
5. **I understand that this membership is a yearly contract agreement.**

I certify that I have read the above five (5) points and fully agree to the terms and conditions of this agreement.

Primary User Name _____

User Fee Plan Type _____

USER FEE PAYMENT PLAN (Please initial the appropriate payment plan)

- _____ User fees paid via electronic funds transfer (EFT from checking or savings)
- _____ User fees paid via electronic funds transfer (EFT from debit or credit card)
- _____ User fees paid in full for three (3) months by cash, check or credit/debit card
- _____ User fees paid in full for one (1) year by cash, check or credit/debit card

MONTHLY USER FEE PAYMENT (Please initial the appropriate payment plan)

- _____ Bank Account (Attach a copy of deposit slip)
- _____ Credit/Debit Card (Attach a copy of card)

Bank Name: _____

Bank Routing Number: _____

Bank Account Number: _____

Credit Card Name: _____

Credit Card Number: _____

Credit Card Expiration Date: _____

I understand that this membership is a yearly contractual agreement

Signature: _____ Date: _____

CENTRAL CITY CONVENTION CENTER USER AGREEMENT

Thank you for choosing to use the facilities, services and programs of Central City Convention Center. We request your understanding and cooperation in maintaining both your health and safety and ours by reading and signing the following agreement and release of liability form. Any and all users must read and sign below before participating in any activity. No refund will be given for emergencies or inclement weather.

AGREEMENT AND RELEASE OF LIABILITY

- In consideration of being allowed to participate in the activities of CCCC and to use its facilities, equipment, and machinery in addition to the payment of any fee or charge, I do hereby waive, release and forever discharge CCCC and its officers, agents, employees, representatives, executors, and all other from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above mentioned facilities or arising out of my participation in activities at CCCC. I do also hereby release all of those mentioned and any of these acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of connected with my participation in any activities of CCCC or the use of any equipment at CCCC. (Please initial _____, _____, _____, _____, _____)

- I understand and am aware that strength, feasibility, and aerobic exercise, including the use of equipment, is a potentially hazardous activity. I also understand that fitness activities involve risk of injury and even death and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death. (Please initial _____, _____, _____, _____, _____)

- I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent participation in any of the activities and programs of CCCC or use of equipment or machinery except hereinafter stated. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise, and use of exercise and training equipment so that I might have recommendations concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and have been given a physician's permission to participate, or I have decided to participate in activities and/or use equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities. (Please initial _____, _____, _____, _____, _____)

Signature _____

Date _____

HEALTH HISTORY QUESTIONNAIRE

Name _____ Company _____

Home address _____

Position _____

Telephone Home _____ Work _____

Height _____ Weight _____

Gender _____ Birth Date _____ Age _____

Regular physical activity is safe for most people. However, some individuals should check with their doctor before they start an exercise program. To help us determine if you should consult with your doctor before starting to exercise with CCCC, please read the following questions carefully and answer each one honestly. All information will be kept confidential. Please check YES or NO:

YES NO

- | | | | |
|--------------------------|--------------------------|-----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. | Do you have a heart condition? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. | Have you ever experienced a stroke? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. | Do you have epilepsy? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. | Are you pregnant? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. | Do you have diabetes? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. | Do you have emphysema? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. | Do you feel pain in your chest when you engage in physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. | Do you have chronic bronchitis? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. | In the past month, have you had chest pain when you were not doing physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. | Do you ever lose consciousness or do you ever lose control of your balance due to chronic dizziness? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. | Are you currently being treated for a bone or joint problem that restricts you from engaging in physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. | Has a physician ever told you or are you aware that you have high blood pressure? |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. | Has anyone in your immediate family (parents/brothers/sisters) had a heart attack, stroke, or cardiovascular disease before age 55? |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. | Has a physician ever told you or are you aware that you have a high cholesterol level? |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. | Do you currently smoke? |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. | Are you a male over 44 years of age? |
| <input type="checkbox"/> | <input type="checkbox"/> | 17. | Are you a female over 54 years of age? |
| <input type="checkbox"/> | <input type="checkbox"/> | 18. | Are you currently exercising LESS than 1 hour per week? If you answered no, please list your activities. |
| <input type="checkbox"/> | <input type="checkbox"/> | 19. | Are you currently taking any medications?
Please list any medication and its purpose _____ |

What are your specific fitness goals at Central City Convention Center? (Indicate all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Increase strength and endurance | <input type="checkbox"/> Improve flexibility |
| <input type="checkbox"/> Improve cardiovascular fitness | <input type="checkbox"/> Improve muscle tone |
| <input type="checkbox"/> Reduce body fat | <input type="checkbox"/> Increase muscle mass |
| <input type="checkbox"/> Exercise regularly | <input type="checkbox"/> Injury rehabilitation |
| <input type="checkbox"/> Sports conditioning | <input type="checkbox"/> Other _____ |

What are your specific health goals at Central City Convention Center? (Indicate all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Reduce stress | <input type="checkbox"/> Improve nutritional habits |
| <input type="checkbox"/> Control blood pressure | <input type="checkbox"/> Control cholesterol |
| <input type="checkbox"/> Stop smoking | <input type="checkbox"/> Achieve balance in life |
| <input type="checkbox"/> Improve productivity | <input type="checkbox"/> Reduce back pain |
| <input type="checkbox"/> Feel better overall | <input type="checkbox"/> Increase my health awareness |
| <input type="checkbox"/> Other (please be specific) _____ | |

What motivated you to join Central City Convention Center? (Indicate all that apply)

- Convenience/location
- Membership promotion
- Attended a CCCC health promotion event at work
- Peer support
- Medical reasons
- Tried CCCC as a guest
- Corporate membership
- Other _____

I have read, understood, and completed this questionnaire. Any questions that I had were answered to my full satisfaction.

Name _____ Date _____

Signature _____

STAFF USE ONLY

Cleared to exercise _____ Not cleared to exercise _____

Reason _____

Staff Signature _____ Date _____

Resting Heart Rate _____

Resting Blood Pressure _____

BP _____

Physical Activity Readiness Questionnaire (PAR-Q) and You

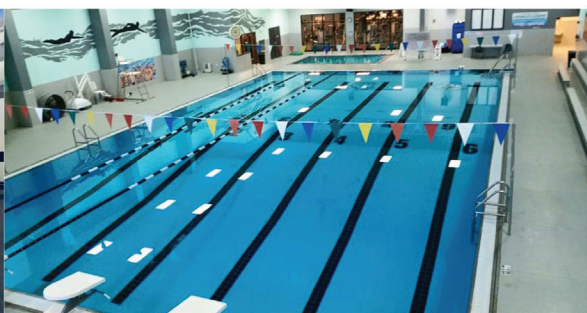
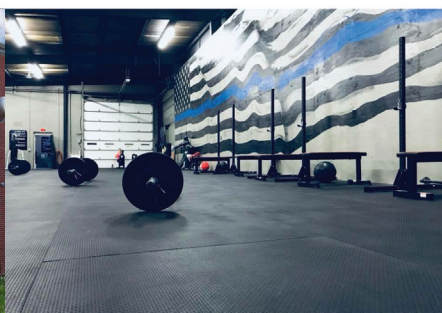
Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with a doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly:

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. Has your doctor ever said that you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor?
<input type="checkbox"/>	<input type="checkbox"/>	2. Do you feel pain in your chest when you do physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	3. In the past month, have you had chest pain when you were not doing physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	4. Do you lose your balance because of dizziness or do you ever lose consciousness?
<input type="checkbox"/>	<input type="checkbox"/>	5. Do you have a bone or joint problem that could be made worse by a change in your physical activity.
<input type="checkbox"/>	<input type="checkbox"/>	6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart conditions?
<input type="checkbox"/>	<input type="checkbox"/>	7. Do you know of <u>any other reason</u> why you should not do physical activity?

<p>If you answered:</p>	<p>YES to one or more questions</p>
	<p>Talk to your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered yes.</p> <ul style="list-style-type: none"> You may also be able to do any activity you want – as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice. Find out which community programs are safe and helpful for you.
<p>NO to all questions</p>	<p>Delay becoming much more active:</p> <ul style="list-style-type: none"> 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 start becoming more active. <p>Please note: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.</p>
<p>If you answered NO honestly to <u>all</u> PAR-Q questions, you can be reasonably sure that you can:</p> <ul style="list-style-type: none"> Start becoming much more physically active – begin slowly and build up gradually. This is the safest and easiest way to go. Take part in fitness appraisal – this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively 	



CHILDREN UNDER 16 ARE NOT ALLOWED WITHOUT AN ADULT