



Massabesic Fitness Center
Rt.# 202
Waterboro, ME 04087

TEL: (207) 247-3216
FAX: (207) 247-3217

Name:

Date:

Address:

Home Phone:

Work Phone:

Emergency Contact Name:

Date of Birth:

Phone:

Please read carefully

I recognize the need to exercise the necessary precautions to prevent accidental injury during my active participation in the Fitness Program. I accept the responsibility to conduct myself in a safe and appropriate manner at all times while I participate in this fitness program.

I fully understand that the exercise programs of Massabesic Fitness Center (MFC) may require rigorous and/or strenuous activity. I hereby represent and acknowledge that my physical condition permits me to participate in such exercise programs. I further acknowledge that I have been advised that at anytime during which I have physical difficulty, I will immediately stop the activity and inform the Fitness Staff. I have volunteered to participate in this opportunity to exercise and fully accept responsibility for myself. I understand that the possibility of exercise injuries and/or death exists, and I acknowledge and accept the risk involved in exercising at MFC.

I understand that I will not be accepted for participation in the fitness program if MFC knows or becomes aware of any reason why my participation would be dangerous to myself or to others. I will notify you of any changes in my health status.

I recognize that I am responsible for preserving all equipment and fixtures of MFC during the time of my program. If damages occur as a result of my neglect or misuse, I will report the incident to the Fitness Staff. I recognize that I am responsible for the cost to replace and/or repair the item(s).

Please read carefully

I also release and discharge of behalf of myself, my heirs, assigns and successors in interest, all officers, directors, agents and employees and other representatives of MFC and its insurers from any and all claims, damages, demands, and liabilities arising out of or in any way related to participation in MFC activities, and the use of any of its exercises, procedures, equipment, or other results attained therefrom.

I recognize the need to exercise the necessary precautions to prevent accidental injury during my active participation in the Fitness Program. I accept the responsibility to conduct myself in a safe and appropriate manner at all times while I participate in this fitness program.

I understand and agree that I am ultimately responsible for the balance on my account. I have read all the information on both sides of this sheet and have completed the above answers. I certify that this information is true and correct to the best of my knowledge. I will notify you of any changes in my health status of the above information.

Fitness Members

- 1. Massabesic Health Resources (MHR) and Massabesic Fitness Center (MFC) conduct separate businesses as a Physical Therapy Clinic and as a Fitness Center.**
- 2. Fitness members, by signing this form, acknowledge use of the premises on a basis independent of professional physical therapy services. Any/all recommendations (such as stretches, exercises, use of the equipment) given to the members by MFC staff, even if from a physical therapist, should not be construed as professional physical therapy.**
- 3. MHR and the physical therapists it employs will not be held liable for any injuries resulting from recommendations by a PT to Fitness Center members.**
- 4. MFC members acknowledge that use of Fitness Center facilities is on an independent basis and members personally assume such risks as reasonably expected in doing so.**
- 5. Use of the Fitness Center does not in any way imply an obligation of the member to Massabesic Health Resources professional physical therapy services.**
- 6. MHR holds no obligation to treat a member for injuries from use of the facilities as a Fitness Member.**

Print Name: _____

Sign Name: _____

Date: _____

Medical Clearance Form

Dear Doctor,

Your patient _____ wishes to take part in an exercise program and/or fitness assessment at _____. The exercise program may include progressive resistance training, flexibility exercises, and a cardiovascular program that will increase in duration and intensity over time. The fitness assessment may include a submaximal cardiovascular fitness test and measurements of the body composition, flexibility, and muscular strength endurance.

After completing a readiness questionnaire and discussing their medical conditions we agreed to seek your advice in setting limitations to their program. Please identify any recommendations or restrictions for your patient's fitness program below (Physician's Recommendations).

Patient's Consent and Authorization

I consent to and authorize Dr. _____ to release to Lisa Sylvain, and its professional staff and/or its affiliates, health information concerning my ability to participate in an exercise program and/or fitness assessment. I understand this consent is revocable except to the extent action has been taken. Authorization is not valid beyond one year from date of signature. Further disclosure or release of my health information is prohibited without specific written consent of person to whom it pertains.

Patient's signature:	Date:
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Physician's Recommendations

Please check the necessary one(s) and please explain:

<input type="checkbox"/>	I am not aware of any contraindications toward participation in a fitness program.
<input type="checkbox"/>	I believe the applicant can participate, but I urge caution because:
<input type="checkbox"/>	The applicant should not engage in the following activities:
<input type="checkbox"/>	I recommend the applicant not participate in the above fitness program for the following reasons:
If your patient is taking medications that will affect their heart rate response to exercise, please indicate the manner of the effect (raises, lowers heart rate response).	
Type of Medication:	
Effect:	
Recommendations or restrictions:	

My patient, _____ has my approval to begin an exercise program with the recommendations or restrictions stated above.		
Physician's signature	Date	
Physician's name (print)	Phone	
Address	City	State/Zip



FITNESS CENTER

Rt# 202 Waterboro, ME 04087 - Tel# 207-247-3216 Fax# 207-247-3217

HOURS	MON-THURS	5:30 AM to 8:00 PM
	FRIDAY	5:30 AM to 7:00 PM
	SATURDAY	7:00 AM to 12 NOON

Massabesic Fitness Center is dedicated to providing you with the opportunity to improve your health and fitness level.

Massabesic Fitness Center has the right to decline membership to any person who may not be appropriate for our unsupervised fitness program.

GENERAL POLICIES

1. Members must be 16 years or older to use the Fitness Center. Anyone 13-15 years old may use Massabesic Fitness Center with a directly supervising adult 18 years of age or older.
2. No food or drink in the fitness area. Water is allowed in plastic capped containers.
3. No street shoes in gym area. Please bring gym shoes to wear during workout.
4. Proper gym attire is required: T shirt or tank top, shorts or pants and proper footwear will be worn at all times.
5. Please wipe off gym equipment: seats, pads, controls etc. when you are finished. Thank you for this courtesy it will be appreciated by our members and staff.
6. Promptly report any problems with equipment or other members to our staff.
7. Membership fees are non-refundable & non-transferable. Membership will not be extended or frozen except in cases of a medical emergency. Vacations or members lack of attendance will not warrant an extension. Please take into account your schedule and all personal activities before enrolling as a member.
8. In order to avoid confusion, a "One Month" membership is 30 consecutive days and not 30 separate visits to this facility. Your month begins on the first day you use the Fitness Center.
9. We reserve the right to close due to inclement weather. Please call ahead to ensure we are open.
10. We will be closed for most major holidays, and other holidays we may be open with abbreviated hours. The hours will be posted in the gym area and on the bulletin board. During the week between Christmas and New Years our fitness hours will also be reduced.
11. Any persons with bowel or bladder incontinence will not be permitted pool access.

Orientations

Orientation sessions will be by appointment for Cybex and/or cardiovascular machine instruction. This is not to be confused with a personal training session, which is more specific to your personal needs.



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CYBEX MACHINE POLICIES

1. Check seat and weight setting prior to using each piece of equipment
2. Do not drop or slam the weight plates.
3. When doing multiple sets, allow others to use the equipment during your resting phase.
4. Exit the equipment promptly when your workout is finished.
5. A shirt and enclosed shoes must be worn when using the equipment.

FREE WEIGHT AREA POLICIES

1. Please re-rack dumbbells and plates after use.
2. Do not drop or slam weights.
3. Do not hang from the cable crossover machine.

CARDIOVASCULAR EQUIPMENT POLICIES

1. Equipment is on a first come, first serve basis.
2. Please sign up on the clipboards during busy times. The only person you may sign up is yourself.
3. Please limit your usage to 30 minutes at one time.
4. Return controls to their starting position when finished.

POOL POLICIES

1. Pool use is limited to one hour per visit.
2. Soap shower before and after pool use.
3. Water shoes are recommended but not required.
4. No diving or horseplay!
5. Limited pool hours for fitness members, check pool schedule for open fitness use. Open pool hours will be posted and may be subject to change.
6. Pool may be closed without advance notice for maintenance and/or safety issues. We apologize for the inconvenience this may cause.
7. The pool is a therapeutic pool, not a pool for swimming laps.

We look forward to providing you with the opportunity to work toward your fitness goals!!!



**Massabesic
Health
Resources, P.A.**

*Orthopedic Manual Physical Therapy,
Aquatics, Sports, & Wellness*

392 Main St., P.O. Box 456
Waterboro, ME 04087
Tel: (207) 247-3216
Fax: (207) 247-3217
Email: mhrpt@mhrpt.com
www.mhrpt.com

*Jim Stevenson, PT, FAAOMPT
Hayes Sweeney, MPT
Whitney Blais, DPT*

FITNESS MEMBERSHIP SCHEDULE

Single Person :	1 Month	3 Month	6 Month	1 Year
Per Month	\$40.00	\$90.00	\$170.00	\$320.00
Two People in the Same Household				
	\$75.00	\$171.00	\$330.00	\$620.00
Three People in the Same Household				
	\$100.00	\$252.00	\$480.00	\$900.00
Four People in the Same Household				
	\$120.00	\$330.00	\$620.00	\$1160.00

SENIOR CITIZEN DISCOUNT 5% APPLIES TO ALL RATES ABOVE: Must be 65 years old or older in order to have this apply. In order for this to apply to a family membership all must be 65 years old or older.

1 Month	3 Month	6 Month	1 Year
\$38.00	\$85.50	\$161.50	\$304.00

Two Senior Citizens in the Same Household

1 Month	3 Month	6 Month	1 Year
\$71.25	\$162.50	\$313.50	\$589.00

High School/College Students \$30.00 per month
Must have college ID or school ID or Drivers License

One Day Guest Pass available when accompanied by a gym member 1 time only.

One Day Gym Pass	\$7.00
One Week Gym Pass	\$12.00

Membership fees are non-refundable and non-transferable.

PERSONAL TRAINING RATES

INDIVIDUAL TRAINING

	<i>1 HOUR</i>	<i>45 Min</i>	<i>1/2 HOUR</i>
PER SESSION:	\$40	\$31.50	\$24

COUPLES TRAINING

	<i>1 HOUR</i>	<i>45 Min</i>	<i>1/2 HOUR</i>
PER SESSION:	\$58	\$50	\$40

***Training is prepaid on a monthly or biweekly basis**

***ALL SESSIONS MUST BE PREPAID**

***A \$30 SERVICE FEE WILL BE CHARGED FOR RETURNED CHECKS**

A) Always schedule training times with your personal trainer directly.

B) The *cancellation policy is 24 hours* prior to the scheduled appointment otherwise I will be charged for the missed session.

C) During the winter months and in wet weather, you must have a pair of dry and clean shoes to wear in the gym.

D) To ensure that you are exercising at a safe level, it is important that you follow the recommendations indicated by the exercise specialist. If a recommended level seems either too difficult or too easy, you should discuss this with the exercise specialist. If appropriate, modifications to the exercise recommendations can be made. We want you to enjoy your exercise time but also to assure that you are exercising at safe and appropriate levels.

E) You need to wear comfortable exercise clothing and shoes. The appropriate footwear is essential to help eliminate possible injury. .

F) You need to notify the staff if you have any changes in medications or medical health status. The staff needs to be aware of any changes to provide you with the best medically supervised program possible.

G) No refunds will be given on pre-purchased training sessions except in the case of medical necessity.

POOL SCHEDULE FOR FITNESS MEMBERS

5:30 AM TO 8:00 AM

OPEN TO FITNESS MEMBERS

10:00 AM TO 12 NOON

OPEN TO FITNESS MEMBERS

3:00 PM TO 6:00 PM

OPEN TO FITNESS MEMBERS*

***POOL CLOSSES AT 4 PM ON FRIDAYS AND
IS CLOSED ON SATURDAYS**

POOL IS LIMITED TO ONE HOUR PER VISIT

