Wellness Department

Non-Resident

Membership Packet
For
Fitness Centers and Pool

Packet includes:

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Non-Resident Enrollment Policy

Thank you for your inquiry to the Wellness programs and facilities at Brethren Village. We offer the opportunity for residents in the community, who do not live on the BV campus, to use our fitness centers and pool. We hope you find the enclosed information helpful.

To participate the following forms need completed:

1. Every person using our facility must complete and sign a Waiver and Release from Liability Form. Page 5 & 6. **(Required)**
   a. Complete one form for each child 15 and younger.
   b. Print as many Waiver and Release from Liability forms as needed for you and your family
2. If you are 16 to 69 years old please complete and sign a Physical Activity Readiness Questionnaire Form (PARQ). Page 7 & 8. **(Required)**
3. Medical Clearance Form. Page 9 & 10. **(Optional)** Based on your answers to the 7 questions on the **PARQ** form, some participants will need this form completed and signed by their Primary Care Physician. **Required** if you are 70 years or older.

Submit all forms to Brethren Village, Attn: Wellness Department, 3001 Lititz Pike, Lititz, PA 17543 or email Rebekah Scorza at rscorza@bv.org. If you have any questions, please call Wellness at 717-581-4295.

Wellness Department Policy:

1. The Fitness Centers are always locked. If you are interested in using our fitness center a FOB can be activated for you to gain access to the center. Please allow 48 to 72 hours for this to be completed.

2. For participants who are not familiar with our equipment in the fitness center, a Fitness Room Orientation is available upon request. Please call one of the fitness centers to schedule an appointment with a Wellness Department staff member. (Phone numbers are shown on page 4)

Wellness Department Staff and Phone Numbers:

Fieldcrest Fitness Center - 581-4252

Terrace Crossing Fitness Center - 581-4421

Shelly Aquatic Center – 581-4295

Beth Marengo, Aquatics and Land Fitness Instructor
Bekah Scorza, Aquatics and Land Fitness Instructor
Sandy Sites, Aquatics and Land Fitness Instructor
Kelly Wilson, Aquatics Instructor

Neil Fair, Wellness Director – 581-4297
Becca Carver, Aquatics Manager – 340-2069

WAIVER AND RELEASE FROM LIABILITY
Classroom, Aquatic and Fitness Center

I understand that there are certain risks involved in using the swimming pool, participating in classroom exercise classes, and using the fitness center/gym and that personal injuries and/or property damage may occur from my participation in such activities, which include but are not limited to drowning, falling, heart attack, stroke, pulled or strained muscles, broken bones, abrasions, head trauma, etc. **In consideration of being allowed to participate in aquatic activities, exercise classes, fitness center / equipment usage, etc., I agree to accept all these risks and agree not to sue Brethren Village or their employees if injured while using their facilities regardless of any negligence on their part**.

My participation in this activity is purely voluntary, and I elect to participate in spite of the risks. I assume full responsibility for the risk of personal injury, death, and property damage due to the **negligence** and/or **fault** of the parties released by this document, and/or due to the **condition of the premises** on which the activities will take place, whether such negligence, fault, and/or condition of the premises is present at the signing of this agreement or takes place in the future.

On my own (or child's if signed by a parent or legal guardian) behalf and on behalf of my heirs, personal representatives, and assigns, I hereby release Brethren Village and all of their officers, directors, members, managers, partners, employees, and volunteers (collectively, **"the parties released by this document"**) from all claims, demands, actions, rights of action, or other legal rights to claim compensation for any loss or injury which I may sustain as a result of their **negligence** or **fault** or the **condition of the premises**, whether known or unknown, anticipated or unanticipated, or any other cause whatsoever, whether loss or injury occurs while participating in, going to, or coming from such activity. However, this waiver and release does not apply to gross negligence or intentional torts by the parties released by this document.

Further, I agree to indemnify and hold all parties released by this document harmless from any such claims or demands.

I expressly agree that this waiver and release agreement is intended to be as broad and inclusive as permitted by the Laws of the State Pennsylvania and of any other state wherein such activities may occur, and that if any portion hereof is held invalid, the remainder hereof shall continue in full force and effect.

This Agreement contains and embodies the entire agreement and understandings between the parties concerning the subject matter hereof.

By signing this document, I acknowledge that if I (or the minor for which I am signing) am hurt or any property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against Brethren Village on the basis of any claim from which I have released them herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

(OVER)

Non-Resident Information:

Print Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

Signature: _____ Date: _____

If a minor (under 16):
Signature of person responsible if participant is a minor: _____

Printed Name of person responsible: _____

Phone Number of person responsible:_____

In Case of Emergency, contact: (if a minor, name of parent)

Name: _____ Phone: _____

Request for Fitness Room Orientation

_____ Please contact me at the above phone number to setup a Fitness Room Orientation.

PAR-Q - The Physical Activity Readiness Questionnaire

The physical activity readiness questionnaire (PAR-Q) is a self-screening tool that can be used by **individuals aged 16-69** who are planning to start an exercise program. It is often used by fitness trainers or coaches to determine the safety, or possible risk, of exercising for an individual, based upon their answers to specific health history questions.

The PAR-Q was created by the British Columbia Ministry of Health and the Multidisciplinary Board on Exercise. This form was adopted directly from the ACSM Standards and Guidelines for Health and Fitness Facilities.

Being physically active is very safe for most people. Some people, however, should check with their doctors before they increase their current level of activity. The PAR-Q has been designed to identify the small number of individuals for whom physical activity may be inappropriate, or those who should have medical advice concerning the type of activity most suitable for them. Please notify the Brethren Village Wellness Team if your health condition changes after completion of this form. The PAR-Q will be updated annually.

Answer No or Yes to the following questions:

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

If you answered No:

If you are ages 16-69 and answered NO to all the PAR-Q questions, you can be reasonably sure that you can exercise safely and have low risk of having any medical complications from exercise. It is still important to start slowly and increase gradually. **It may also be helpful to have a fitness room orientation with a Wellness staff member, if you are not familiar with the equipment in Brethren Village's fitness centers.**

If you answered yes:

1. If you answered YES to one or more questions, **OR** are older than age 40 ***AND*** have been inactive or are concerned about your health, consult a physician before substantially increasing your physical activity.

To use the Brethren Village fitness center or pool, you will need a signed medical clearance from your physician, along with information about specific exercise limitations you may have. In most cases, you will still be able to do any type of activity you want as long as you adhere to some guidelines.

Please note: ***All individuals over the age of 69 MUST have a signed medical clearance from their physician to use Brethren Village's fitness centers, pool, or participate in group exercise classes.***

(OVER)

When to delay the start of an exercise program:
If you are not feeling well because of a temporary illness, such as a cold or a fever, wait until you feel better to begin exercising. If you are or may be pregnant, talk with your doctor before you start becoming more active.

Non-Resident Signature _____ Date _____

Wellness Department

Medical Clearance Form

☒ NON-RESIDENT

Dear Physician;

Your patient is interested in participating in exercise at our community in Lancaster, PA. Please complete and mail to: Brethren Village, c/o Wellness Department, 3001 Lititz Pike, Lititz, PA 17543; OR FAX to 717-581-4479, OR email Rebekah Scorza at rscorza@bv.org.

Name: _____Date of Birth: _____

Land-based exercise

Includes exercises performed in a classroom and may be performed standing or seated. Designed to emphasize strength, flexibility, and balance using hand weights, bands, and other resources. Also includes fitness center equipment such as but not limited to treadmills, recumbent & upright bicycles, Nustep, UBE, rowers, and strength training machines for major muscle groups.

*******Please check the box that reflects your wishes for this individual.**

☐ **No Restrictions.** Individual may participate in our land-based programs.

☐ **With Restrictions Listed Below.** Individual may participate in our land-based exercise.

☐ **May Not** participate in our land-based programs. **Provide reasons on back under comments.**

Aquatic-based exercise

******** Please note the following contraindications for using the pool and hot tub.**

Incontinence Status - Bowel: _____

Incontinence Status - Bladder: _____

Wounds or Active Infections: _____

(OVER)

******** Please check the boxes for the POOL and HOT TUB that reflect your wishes for this individual.**

POOL:

☐ **Yes**, I give my permission for individual to participate in aquatic activities in our pool. Water temperature is approximately 88 degrees Fahrenheit.

☐ **No**, individual may not participate in aquatic activities.

HOT TUB:

☐ **Yes**, I give permission for the individual to use our hot tub, which is approximately 99 to 101 degrees.

☐ **No**, the individual may not use our hot tub.

Comments or Restrictions:

_____

_____

_____

Physician's Signature: _____Date: _____

Printed Name: _____

(Revised: 06/2017

WELLNESS MEMBERSHIPS

Fitness Center Only Membership

(Two fitness centers – Fieldcrest and Terrace Crossing open 6:45am-8:00pm)

$15.00/month
$40.00 for 3 months ($13.33/mo.)
$75.00 for 6 months ($12.50/mo.)

Shelly Aquatic Center Only Membership

(Warm water pool and hot tub, daily hours vary*)*

Pay as you go:
Under age 3 = free
Age 3+ = $5.00

Prepay:
10 swims/classes for $50.00
20 swims/classes for $90.00 ($10 savings)
30 swims/classes for $125.00 ($25 savings)

Combined Fitness Center and Pool Wellness Membership

(Use of fitness centers and unlimited pool)

$35.00/month
$95.00 for 3 months
$175.00 for 6 months

Non-Resident Fitness Center Guidelines

1. No one under the age of 16 may use the fitness centers. (Please do not bring small children to the fitness center while you exercise)

2. No Pets are allowed in either fitness room.

3. Both fitness centers are open 7 days a week from 7A to 8P.

4. Proper Fitness Room Etiquette:
    a. Use equipment properly.
    b. No banging of weights.
    c. Return all equipment to where you found it.
    d. Wipe down equipment when finished.
    e. Avoid fitness center when ill.
    f. Only bottled water is allowed in the fitness center (no food or other drinks).
    g. Wear proper exercise attire

5. There are showers in the rest rooms and lockers are conveniently located outside the restrooms and should only be used while you are in the fitness center.

6. Not complying with fitness center rules or bringing non-membership guests to the fitness center will result in suspension of fitness center privileges and de-activation of your key FOB.

POOL & SPA GUIDELINES

Pool

1. Remove street shoes and place in cubbies in the hallway.
2. Modest swim attire required.
   a. May wear shorts and t-shirt if preferred. No two piece swim suits.
3. Sign In prior to entering the locker room.
4. Shower prior to entering the pool.
5. Enter and exit pool by using the ramp or steps.
6. Do not “hang” on lap lanes.
7. Lanes are for lap swimmers. Lap etiquette applies.
8. Put equipment and toys away after use.
9. All children under the age of 15 must be supervised by an adult.
10. Only US Coastguard Approved Flotation Devices allowed in the pool.
11. See additional posted pool rules.

Spa

1. Enter spa by using the steps.
2. Do not exceed a 10 minute time limit. A 10 minute break must be taken between spa usages.
3. Do not submerge head.
4. Children under the age of 12 must have a medical clearance form completed by their physician to use the spa.
5. See additional posted spa rules.

Please note:

- **There is NOT an active lifeguard on duty. However, a trained Wellness Team Member is present in the pool area during open hours.**
- **Adult Open Swims is for anyone 16 years and older only. Open Swims accommodate both children and adults. See pool schedule for list of swim times.**

DIRECTIONS TO POOL

Pool Phone: 717-581-4295

If using GPS and Google Maps: use address 14 Conestoga Drive, Lititz, PA. When you arrive at your destination, the parking lot will be directly in front of you. The pool is located at the upper left corner of lot. Enter through Oakwood door, turn right in hallway. Pool is at end of hallway.

If traveling without GPS follow these directions:
Rt. 501-north- Travel to red light, Fieldcrest Drive – turn right.
Follow Fieldcrest Drive past 2 stop signs to Fairview Drive.
Turn right onto Fairview Drive
Turn left onto Circle Drive
Turn right onto Conestoga Drive
Turn left into parking lot

Pool is located at the upper left corner of lot
Enter through Oakwood door, turn right in hallway
Pool is at end of hallway