



# Fitness Center

# & Indoor Track

**\$80.00 Full Membership/Yr.**

**\$20.00 Track Only/Yr.**

**(Must be a Resident of the Town of Evans in  
the Lake Shore Central School District)**

*Please register at the Community Education office  
at the William T. Hoag Educational Center*

**42 Sunset Blvd.  
Angola, NY 14006**

#### HOURS OF OPERATION

<b>Monday – Friday</b>	<b>6:00 AM – 7:30 AM</b>
	<b>6:00 PM – 9:00 PM</b>
<b>Saturday</b>	<b>8:00 AM – 2:00 PM</b>

## **GENERAL FITNESS ROOM GUIDELINES**

1. There is no food, gum, or drinks allowed in fitness room. Water bottles are acceptable.
2. Proper exercise attire must be worn. This includes: shorts or sweats, t-shirt, socks and sneakers. All jewelry must be removed before starting.
3. All participants should have a towel to wipe off machine during use.
4. No horseplay.
5. Proper warm up and stretching before workout is necessary.
6. Use equipment properly.
7. Make sure to clean sneakers of any water or mud.
8. Notify attendant if any machinery is not working properly.
9. No one under the age of 13 (Grade 6/Middle School) allowed in room.
10. No one under the age of 18 allowed in room without parent or legal guardian during public hours.

## **MACHINE AREA**

1. Make sure pins are securely in place before lifting.
2. Keep hands and clothing away from weight stacks, cables, and pulleys.
3. Do not bang weight stacks.
4. Multiple set users must yield the right of way to those completing a circuit.
5. Wipe down machine after each usage.

## **CARDIO AREA**

1. Warm up properly before beginning workout.
2. 30 minute time limit when room is crowded.
3. Wipe down entire machine when workout is completed.

## **SAFETY**

1. Fitness equipment is not to be used without the supervision of properly trained Fitness Room staff member.
2. All rules and regulations listed above are to be followed.
3. Abuse of rules and regulations will result in denial of fitness room privileges.
4. Only people exercising will be allowed in Fitness Room. No spectators or children under 13 years of age (Grade 6/Middle School) allowed in room.
5. Do not use equipment that is broken.
6. Report any damage to attendant.
7. Report any injuries immediately to attendant.

## **CLEAN UP AT CONCLUSION OF YOUR SESSION**

1. Please return all equipment to appropriate start mode.
2. Wipe down equipment if necessary and remove personal items from room.

# LAKE SHORE FITNESS CENTER

959 Beach Rd, Angola, NY 14006

716-926-2270

## FITNESS ROOM & TRACK PARTICIPANT INFORMATION FORM

NAME \_\_\_\_\_  
Last First Middle

ADDRESS \_\_\_\_\_  
Street City Zip

PHONE: Home: \_\_\_\_\_ Emergency: \_\_\_\_\_

EMAIL: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Student \_\_\_\_\_ Grade \_\_\_\_\_

Track Only \_\_\_\_\_

Faculty/Staff \_\_\_\_\_

Full Membership \_\_\_\_\_

Community Member \_\_\_\_\_

New Member \_\_\_\_\_

Renewal \_\_\_\_\_ Member # \_\_\_\_\_

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Method of Payment: Check/Money Order # \_\_\_\_\_ Cash \$ \_\_\_\_\_ Total Fee Paid: \$ \_\_\_\_\_

*I authorize Lake Shore Central School District to charge my MasterCard/Visa credit card for the above noted membership dues.*

Credit Card

Signature: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Receipt Number \_\_\_\_\_ Staff \_\_\_\_\_

**Please complete back side**

# LAKE SHORE CENTRAL SCHOOL DISTRICT

## INFORMED CONSENT AND ASSUMPTION OF RISK AGREEMENT

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

EMERGENCY CONTACT PHONE: \_\_\_\_\_

As a condition of using the Lake Shore Central District's Fitness Room and Track, 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 completed the necessary paperwork for use of the Fitness Room's equipment and participation in Fitness Room activities and returned such to the district. I further acknowledge that I have consulted with my physician and attest that there are no ailments preventing participation in physical activity. I further understand that I will be solely responsible for monitoring the 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.
2. I understand that the nature of the supervision of the Fitness Room provided by the District is general in nature, and the Fitness Room Supervisor is not responsible for supervising or monitoring the manner or intensity of my use of equipment or participation in exercise activities.
3. I hereby acknowledge that my use of the District's Fitness Room involves risk including possible injuries to bones, muscles, tendons, 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.
4. I hereby, release the Lake Shore Central School District, its Board of Education, in both their corporate and individual capacities, its employee, 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.

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**Participant Signature**

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**Date**

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

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**Signature of Parent/Guardian**

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**Date**