



## **SAN CARLOS ADULT COMMUNITY CENTER DROP-IN FITNESS PROGRAM**

Thank you for your interest in participating in our Drop-In Fitness program.

**Please read all instructions.**

- ◆ The attached forms, listed below, must be completed and turned in at the orientation session that you will be required to attend. This applies to both new members and continuing members. **Forms will only be accepted at the orientation session. You cannot mail them in or turn them into staff.**

1. Physician's Consent Form

***Note: This form requires a doctor's signature.***

2. Drop in Fitness Registration Form/Liability Waiver.
3. Emergency Data Form

- ◆ Register for the orientation session for new members or the refresher orientation session for continuing members. Orientation is free. These sessions are usually scheduled for Fridays but are subject to change or cancellation if enrollment is insufficient.
- ◆ **After you have completed the forms, please call George Holland at (650) 802 - 4115 to register for an orientation session.** If you leave a message, please speak slowly and give a callback number. Your call should be returned within 72 hours.
- ◆ Turn in all three completed forms to a staff member when you attend the orientation session, along with your membership fee.

18 thru 61 years of age = \$100.00 per year

62 years of age and older = \$50.00 per year (Senior Discount)

- ◆ All forms of payment are available. Checks payable to the City of San Carlos.
- ◆ Membership **must be renewed annually**, which requires filling out **all** enclosed forms, attending refresher orientation, and making payment.

Please submit completed registration form to:  
San Carlos Adult Community Center  
601 Chestnut Street  
San Carlos, CA 94070



Phone: 650-802-4113  
lscannell@cityofsancarlos.org

**Drop-In Fitness Registration & Liability Form**

**Registration Form**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Number) (Street) (City) (Zip)

Phone Number: \_\_\_\_\_

In Case of Emergency Notify:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Waiver**

The Drop In fitness program (the "Program") consists of cardiovascular and weight equipment such as, but not limited to: Free weights, BOSU Balls, stationary bikes, and a weight machine provided for use by the City of San Carlos ("City").

The hours of the Program are currently 9:00 am - 5:00 pm, Monday – Friday, but may be changed at any time. There are no fitness attendants available during open hours. It is suggested that participants use the facility with a workout partner.

In order to receive a membership, I will take the initial Orientation Session. I will then update my membership information annually, register for a refresher orientation, and pay the membership dues.

In consideration of my participation in the Program, I hereby waive, release and discharge any and all claims for damages for death, personal injury or property damage which I may have, or which may hereafter accrue to me against the City and its employees, contractors or agents as a result of my participation in the Program.

I further understand that serious accidents can occasionally occur while using the fitness equipment or facilities provided by City and as stated above. Knowing the risks of the Program, I hereby agree to assume those risks and to release, indemnify and hold harmless the City and its employees, contractors or agents who (through negligence or carelessness) might otherwise be liable to me (or my heirs or assigns) for damages. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Office Use:

Amount Paid: \_\_\_\_\_ Check # \_\_\_\_\_ Starting Date: \_\_\_\_\_ Card  
Issued \_\_\_\_\_



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**San Carlos Adult Community Center  
Drop In Fitness Program**

**Physician Consent Form**

Dear Doctor:

Your patient, \_\_\_\_\_, wishes to enroll in the **UNSUPERVISED** Drop-In Fitness Program, sponsored and held at the San Carlos Adult Community Center, a division of the City of San Carlos Parks & Recreation Department. Various kinds of exercise equipment are available to members upon approval from their physician. They are required to attend an orientation and training class, which includes instruction on exercise equipment usage, safety guidelines and general precautions. Participants are advised to exercise with another person. Each participant must sign a registration form, which includes a liability waiver. **There is no supervision when the participants use the exercise equipment.** There is no certified physical therapist or staff person in attendance. The level of exercise is at the participant's discretion.

Please indicate which exercise equipment would **NOT** be appropriate for your patient; it will be up to your patient's discretion to follow these guidelines:

- |                             |                          |                               |                          |
|-----------------------------|--------------------------|-------------------------------|--------------------------|
| Suspension Trainer          | <input type="checkbox"/> | Stationary Exercise Bike      | <input type="checkbox"/> |
| BOSU Balance Ball           | <input type="checkbox"/> | Multi- Purpose Weight Machine | <input type="checkbox"/> |
| NuStep recumbent Elliptical | <input type="checkbox"/> | Free Weight Conditioning      | <input type="checkbox"/> |
| Rowing Machine              | <input type="checkbox"/> |                               |                          |

I agree to have my patient participate in the Drop-In Fitness Program.

Physician (please print): Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone #: \_\_\_\_\_

If you have any questions about this consent form, please do not hesitate to contact Linda Scannell at (650) 802--4113. The City of San Carlos is committed to improving the health and welfare of its senior citizens by providing all levels of exercise programs. Thank you for your help. **Please return this form to your patient listed above.**



NuStep recumbent Elliptical



Stationary Exercise Bike



Stationary Rowing Machine



Suspension Trainer



Multi- Purpose Weight Machine



BOSU Balance Ball



Free Weight Conditioning