

FAMILY SERVICES DEPARTMENT NEWSLETTER

Providing services to community members to build a stronger and healthier community.

REMINDERS

- The YEP is back at MFC
- YEP pick up:
 - Miss Linda - 6:30pm
 - Miss Rikki - 7:30pm
 - Miss Trinity- 8:30pm

THIS MONTH!



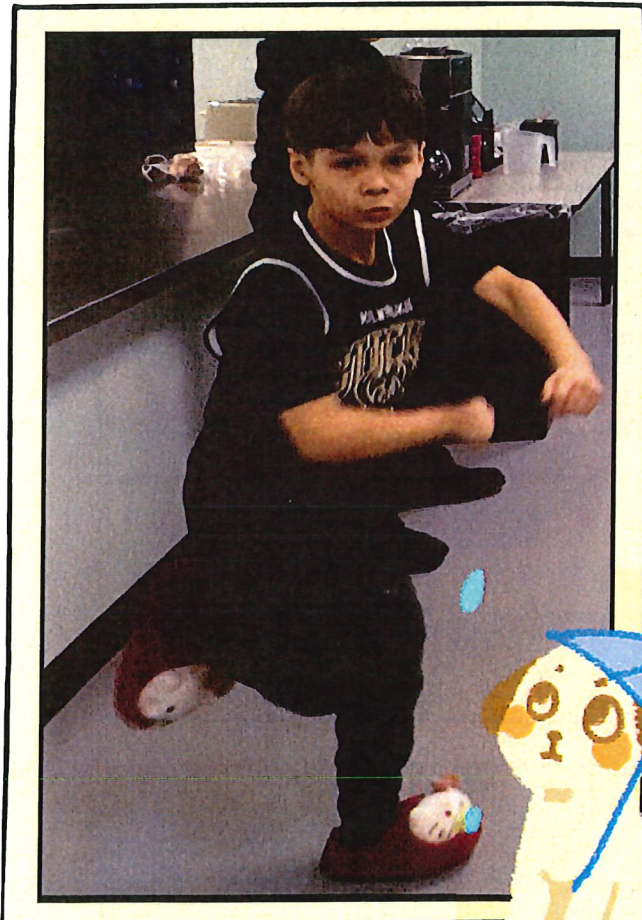
MFC Closed for
• Good Friday- Noon



MFC Building is open
6am-9pm

INSIDE THIS ISSUE

- Staff Information
- Event Calendars
- DV & HIV Resources
- Pictures
- Family and youth tips
- Fitness and Cardio
- Youth Education Program
- Family Events
- Field Trips
- Activities for all!



Crystal Malone
Human Services manager
(715) 793-4032

Kori Price
Family Services Manager
(715) 793-4905

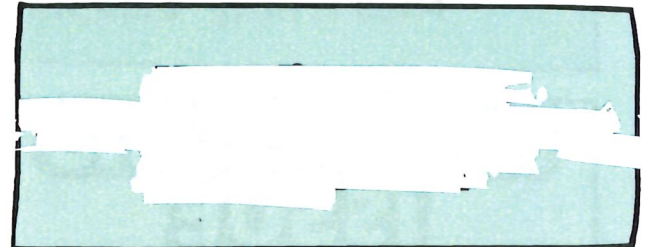
Joe Miller
Security Manager
(715) 793-4080

Jadin Parker
Client Services Advocate
(715) 793-4863

Steven Duffek
Fitness
Community Services Worker
(715) 793-4806

Anthony Sullivan
Fitness
Community Services Worker
(715) 793-4806

Cheryl Pieper
Recreation
Community Services Worker
(715) 793-4807

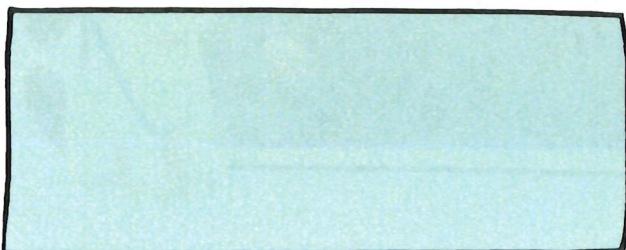


Trinity Malone
Community Services Worker
Education | Grades 6th-12th
HIV/AIDS Prevention Worker
(715) 793-4906

Rikki Gulbranson
Community Services Worker
Education | Grades 3rd-5th
(715) 793-3514

Linda Rudesill
Community Services Worker
Education | Grades K-2nd
(715) 793-4905

Skylar Hill
Tutor
Community Services Worker



PROGRAMS OFFERED

Domestic Violence and Sexual Assault Program: Providing advocacy, counseling and client services to those effected by domestic violence and sexual assault. To qualify, you must live in the S/M service area.

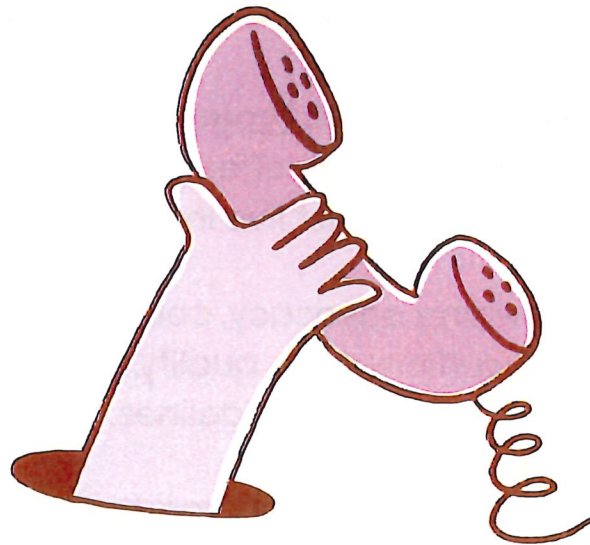
Low-Income Program: Providing advocacy, counseling, client services and tools to become self-sufficient. To qualify, you must live in the S/M service area and meet the income guidelines.

Youth Education Program: After-school program for youth grades K-12th This service is provided Monday-Friday until 5:30 pm. Healthy snacks, light meals, games, field trips, and ATODA education and prevention.

Fitness: Providing incentives, exercise and weight equipment

Family/Youth Activities: Providing daily activities and weekly or monthly field trips.

HIV/AIDS and Self-Care: Provide education and lessons to community and youth on prevention, supply free condoms and other self-care items.



Main Phone number for Family Center
715-793-4807

Youth Education 3rd-5th grade
715-793-3514

Youth Education 6th -12th grade
715-793-4906

NOON BALL

Monday- Friday in
April

x x x x
x x x x
x x x x
x x x x

NOON TO 1PM

x x x x
x x x x
x x x x
x x x x



x x x x
x x x x
x x x x



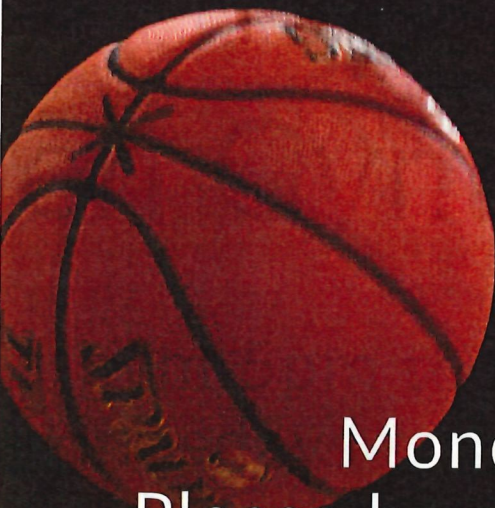
5 ON 5

Basketball

6PM-8:45PM

**TUESDAY AND THURSDAY IN
APRIL**

AGES 14 AND UP



April Open Gym

Open gym 5pm to 8:45pm
Monday, Wednesdays and Fridays
Please be considerate of other members
as we only have one basketball court.

POKER

Fitness



TUESDAY, APRIL 7TH 2026

**MOHICAN FAMILY CENTER
4:45 - 6:00PM**

N8605 OAK STREET, BOWLER

**EXERCISE FOR ALL FITNESS LEVELS WITH CHANCES TO WIN!
THE MORE YOU TRY, THE MORE CARDS YOU GET!**

TO-GO MEAL PROVIDED

CHILDREN MUST BE SUPERVISED BY PARENT/GUARDIAN



Stockbridge-Munsee
COMMUNITY HEALTH DEPARTMENT

Questions? Contact Cami
715.793.5064
cami.miller@mohican.com



FAMILY OPEN SWIM

Dates

April 10

April 17

April 24

1:30 pm-8:45pm



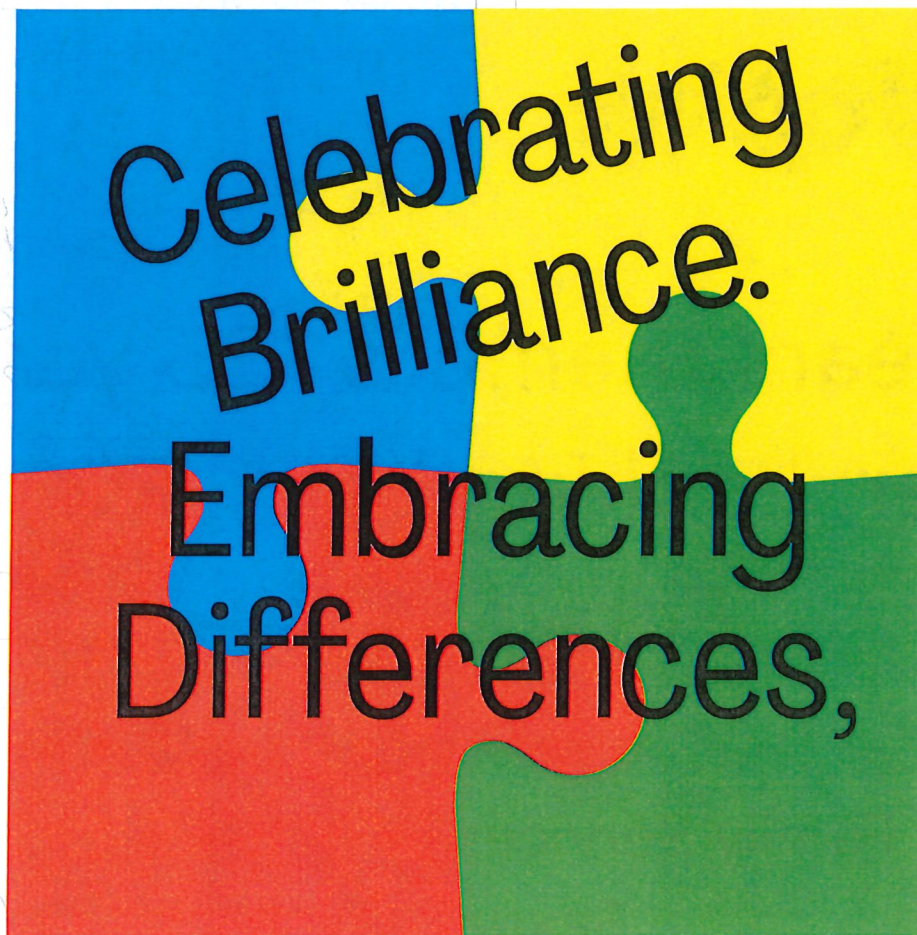
**Must be a member and all youth must be
accompanied by an adult
for Family Open Swim**



Limited Spots call to reserve your slot
Please call Cheryl at 715-793-4807

We would like all community families to be able to enjoy the pool so, if you used the pool in March you may be put on waiting list for the April dates.

National Autism Acceptance Month



Come swim with our youth .
Limited spots call Cheryl
715-793-4807 to sign up
April 16 and 23.2026
5:00pm to 8pm

Sexual Assault Awareness

**25 YEARS
STRONG**



This Year's theme is "25 years
stronger: Looking back, Moving
Forward"

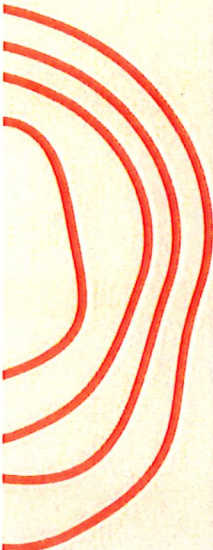
Join Family Services in April for facts about
Sexual Assault

DATE April 21st 12-1pm

SUBJECT Luncheon @ MFC



Spring Family Tips



Focus on embracing outdoors

Refreshing Routines

Engaging in simple
activities

Plan picnics

Set-up the backyard

Take a hike

Gardening



NATIONAL CHILD ABUSE PREVENTION

April is National Child Abuse Prevention (CAP) Month, dedicated to raising awareness, strengthening families, and preventing child maltreatment through community action.



DCF service area 3

DOMESTIC VIOLENCE SAFETY TIPS

LOVE
IS NOT
ABUSIVE

**TELL SOMEONE, HIDE MONEY AND SPARE KEYS, INFORM
EMPLOYER ABOUT SITUATION SETUP SAFETY PLAN AT WORK,
DOCUMENT THE ABUSE BY TAKING PHOTOS, GATHER
IMPORTANT DOCUMENTS, CONSIDER A PROTECTION ORDER.**

Talk to us at
715-793-4863 or Hot line- 800-799-7233

DCF OBJECTIVE 1



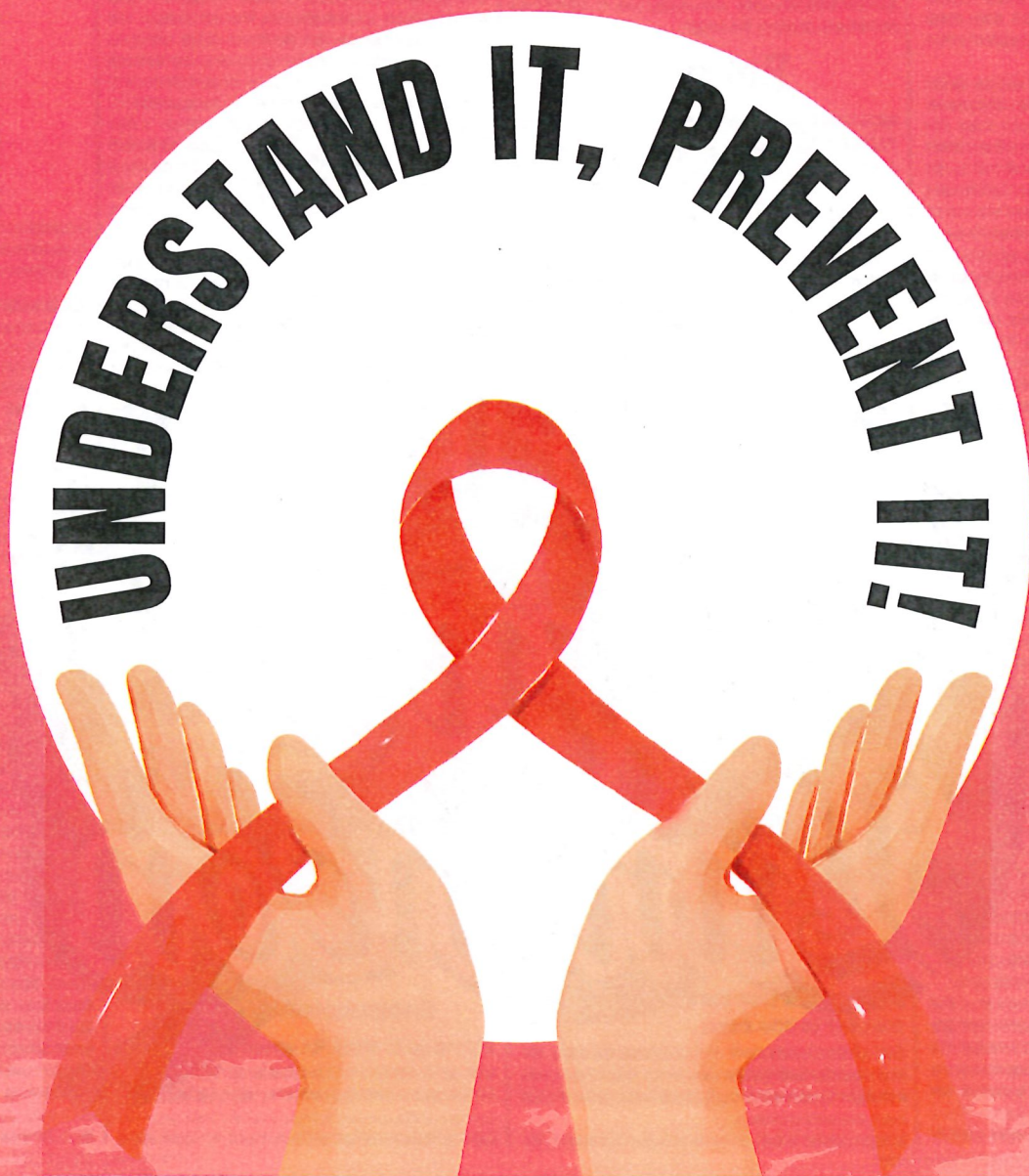
LOVE DOES NOT HURT.

END THE VIOLENCE NOW.

**RECOGNIZE.
REPORT.
PREVENT.**

DOMESTIC VIOLENCE SERVICES

Jadin Parker Client Services Advocate
Konkapot Lodge Room 109
W12635 County Road A
Bowler, WI 54416 715-793-4863
jadin.parker@mohican-nsn.gov



**FREE SELF CARE BAGS
TO HELP PREVENT STD/STI HIV AND
AIDS**

**MORE INFORMATION CONTACT
TRINITY MALONE 715-793-4906**

COME JOIN US FOR

Kids in the Kitchen

March 18th, April 15th & 29th

 Mohican Family Center
3:30-4:30pm

Are you interested
in cooking?

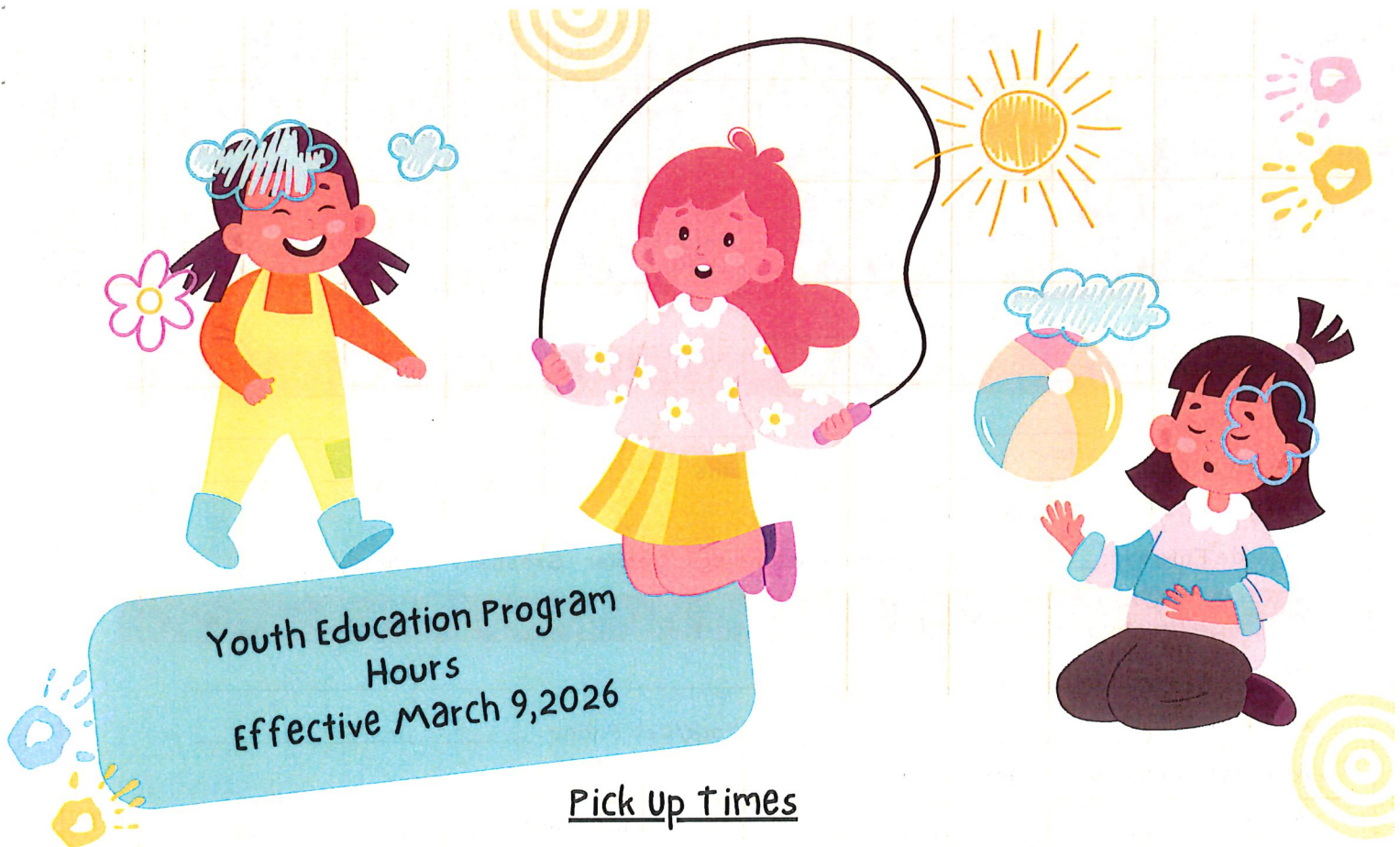
With
Community
Health
Team



Contact Vi Azzolina to sign up!
✉ violet.azzolina@mohican.com
☎ 715.793.3018



Stockbridge-Munsee
COMMUNITY HEALTH DEPARTMENT



Youth Education Program
Hours
Effective March 9, 2026

Pick up times

k-2nd grade Linda Room by 6:30pm

3rd-5th grade Rikki Room by 8pm
Transportation home only at 7:15pm

6th-12th grade Trinity Room by 9pm
transportation home only at 8:15pm

The best place for your child to
play, learn, and grow.
Teaching prevention and
education

N8605 Oak Street
Bowler, WI 54416

YOUTH EDUCATION PROGRAM

FAMILY SERVICES DEPARTMENT

N8605 Oak Street
Bowler, WI 54416 715-793-4080

Providing Culture, field trips, independent living skills, fitness
interpersonal skill, self care and prevention & education on alcohol,
tobacco and other drugs,

School Year: _____ Summer: _____

STUDENT INFORMATION

Full Name _____

Date of Birth ____ / ____ / ____ Nickname _____

Gender Male Female

Grade Entering: _____ School Attending: **Bowler Gresham Other:** _____

CONTACT INFORMATION

Parent/Guardian Name _____

Home Phone _____ Work/Cell Phone _____

Alternate Pick-up Contacts

Name: _____ Phone Number: _____

Relationship to youth: _____

MEDICAL INFORMATION

Does your child have any medical issues we should know about?
If yes, please explain Yes No

Is your child in need of medication during time at the Youth Education
Program. If yes, please explain. Yes No

I understand my child will be required to participate in all grant objectives of the Youth Education program which includes daily fitness, prevention and education lessons on ATODA, independent living skills, interpersonal, cultural and self-care (hiv/aid 6th-1th grade only). If my child fails to participate or violates behavior expectations. I (the Parent/guardian) will be asked to pick up my child. Breaking major minor rules can result in lose privileges from all programming under the Family Services Department.

I also understand that if my child is sick or showing symptoms of illness they will be required to be picked up immediately.

Per Family Services policy, youth ages 14 to 17 years can use the Mohican Family Center without and adult. I give my child permission to sign out of the YEP after all programming is complete and utilize the MFC and understand Family Services Staff will not be responsible for my child.

____ Yes ____ No

My child has permission to walk home: ____ yes ____ No

If my child leaves the building without permission please call: _____

Parent/Guardian Signature: _____ Date: ____ / ____ / ____

Family Services Rules

- 1 Follow all policies of the FSP program
- 2 Listen to peers and teachers
- 3 No Bullying!!
- 4 Think before you speak and use your manners
- 5 Keep your hands and feet to yourself
- 6 Respect personal space and avoid physical contact without permission.
- 7 Field Trips are incentives based on participation and behavior, Each group has their own field trips.
- 8 All youth are expected to participate in all planned activities. If you fail to participate or violate behavior expectations you will be asked to take a break from all programming of FSP.

Youth Education Program

Permission Slip and Medical Release

FAMILY SERVICES YOUTH EDUCATION PROGRAM
N8605 Oak Street, Bowler, WI 54416 (715)-793-4807

Swimming in the MFC Pool March-September 2026 for fitness and incentives

Date: March-June

Chaperones: MFC Staff

Departure Time: After School

Arrival Time: YEP scheduled pick up times by parents

Things to Bring: Swimsuits, towel, swim shoes (optional) a good attitude

I give _____ permission to participate in the above-described Mohican Family Services Program activity. I understand that my child will not be allowed to go on any trips or participate in activities sponsored by the Mohican Family Services Program unless he/she has the consent of his/her parent/guardian and a medical release.

I do not hold the Stockbridge-Munsee Community or Stockbridge-Munsee Family Services Program responsible for any injuries that may occur to my child while participating in this activity. I also give the Stockbridge-Munsee Family Services Staff/designated chaperone permission to act in loco parentis to seek medical attention, if needed by my child as the result of participating in this activity. I also request that I be notified as soon as possible if my child is injured. My child understands and agrees to obey all Stockbridge-Munsee Family Services rules and model safe, admirable behavior. **I understand if my child misbehaves child may lose swim privileges**

Are there special requirements legal or otherwise that you would like to inform staff of:

Allergies:

Conditions requiring special consideration (medical/physical):

Does your youth require: **Epipen** Yes No (B) **Inhaler** Yes No (C) **ANY MEDICATION CURRENTLY TAKEN:** (Type of medication and time of administration):

Additional Contact for child (if no parent at home during drop off time)

Primary contact name :

Relationship to youth:

Secondary Contact Name:

Relationship to youth:

Phone #:

Work Phone #:

Cell Phone/Pager #:

Stockbridge-Munsee Family Services programs and events are often photographed for promotional purposes. Please inform photographer if you do not wish to be photographed.

Permission to photograph child during event? Yes No Initials: _____

Parent/Guardian Signature

Date

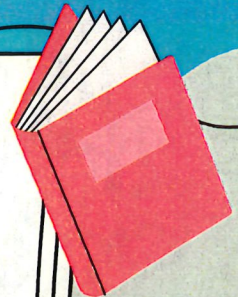
Family Services



HOMESCHOOL/TUTORING SERVICES



Need Help with Your
Studies? One-on-one
tutoring tailored to
your needs!



WHAT WE PROVIDE

- Math and geometry
- Science and biology
- English and writing
- Test Preparation



Contact us

Skylar Hill-Tutor

715-793-4807

Tuesday- Friday 3:30 to 6pm at the Mohican Family Center



MFC FITNESS

Mohican Family Center Fitness

Join us


WE OFFER


- Personal training
- Set up workout plans
- BMI checks
- Take baseline body measurements
- Set up fitness goals
- Group fitness
- Water aerobic classes



WE ALSO HAVE

- Weight room
- Cardio room
- Aerobic/boxing room
- Pool
- Sauna
- Hot and cold therapy
- locker rooms for everyone

 715-793-4803

 steven.duffek@mohicsn-nsn.gov
anthony.sullivan@mohican-nsn.gov

 N8605 Oak Street

April

Fitness Department
Anthony and Steven

2026

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Steven 6am-2:30pm
Tony 1pm-9pm



5

Water Aerobics 5:30pm
Ella B 1:30
Water Bike noon-1pm
Exercise class 10am

6

Water Aerobics Noon-1pm
Ella B 1:30
Exercise class 10am
Water bike 5:30-6:30pm

7

Water Aerobics 5:30pm-6:30pm
Ella B 1:30
Water Bike noon-1pm
Exercise class 10am

8

Water Aerobics Noon-1pm
Ella B 1:30
Exercise class 10am
Water bike 5:30-6:30pm

9

Water Therapy
6am-noon

10



11

12

Water Aerobics 5:30pm
Ella B 1:30
Water Bike noon-1pm
Exercise class 10am

13

Water Aerobics Noon-1pm
Ella B 1:30
Exercise class 10am
Water bike 5:30-6:30pm

14

Water Aerobics 5:30pm
Ella B 1:30
Water Bike noon-1pm
Exercise class 10am

15

Water Aerobics Noon-1pm
Ella B 1:30
Exercise class 10am
Water bike 5:30-6:30pm

16

Water Therapy
6am-noon

17

18

19

Water Aerobics 5:30pm
Ella B 1:30
Water Bike noon-1pm
Exercise class 10am

20

Water Aerobics Noon-1pm
Ella B 1:30
Exercise class 10am
Water bike 5:30-6:30pm

21

Water Aerobics 5:30pm
Ella B 1:30
Water Bike noon-1pm
Exercise class 10am

22

Water Aerobics Noon-1pm
Ella B 1:30
Exercise class 10am
Water bike 5:30-6:30pm

23

Water Therapy
6am-noon

24

25

26

Water Aerobics 5:30pm
Ella B 1:30
Water Bike noon-1pm
Exercise class 10am

27

Water Aerobics Noon-1pm
Ella B 1:30
Exercise class 10am
Water bike 5:30-6:30pm

28

Water Aerobics 5:30pm
Ella B 1:30
Water Bike noon-1pm
Exercise class 10am

29

Benefit to cold tub therapy workshop 12pm-1pm
Ella B 1:30
Exercise class 10am
Water bike 5:30-6:30pm

30

Water Therapy
6am-noon

Exercise class with Steven:
Stretching
Strength and balance
Resistance bands,
Functional fitness training
Mobility classes

We reserve the right to modify dates, times or cancel events at any time





SPRING IN

FITNESS

April Aquatic Fitness Incentive

APRIL 6- APRIL 30, 2026

15 MINUTES 3 DAYS PER WEEK
HOT TUB, COLD TUB, SAUNA OR
SWIMMING POOL



Importance of Aquatic Exercises

Studies have shown that aquatic exercises reduce stress hormones and improve sleep quality, which are essential for mental health. Aquatic exercise is a low-impact activity that takes the pressure off the bones, joints and muscles. Water also offers natural resistance, which can help strengthen the muscles. Aquatic exercise can have many health benefits, such as improved heart health, reduced stress, and improved muscular endurance and strength. Swimming is a great form of exercise for everyone, especially if you're living with diabetes or are at risk of developing type 2 or gestational diabetes.

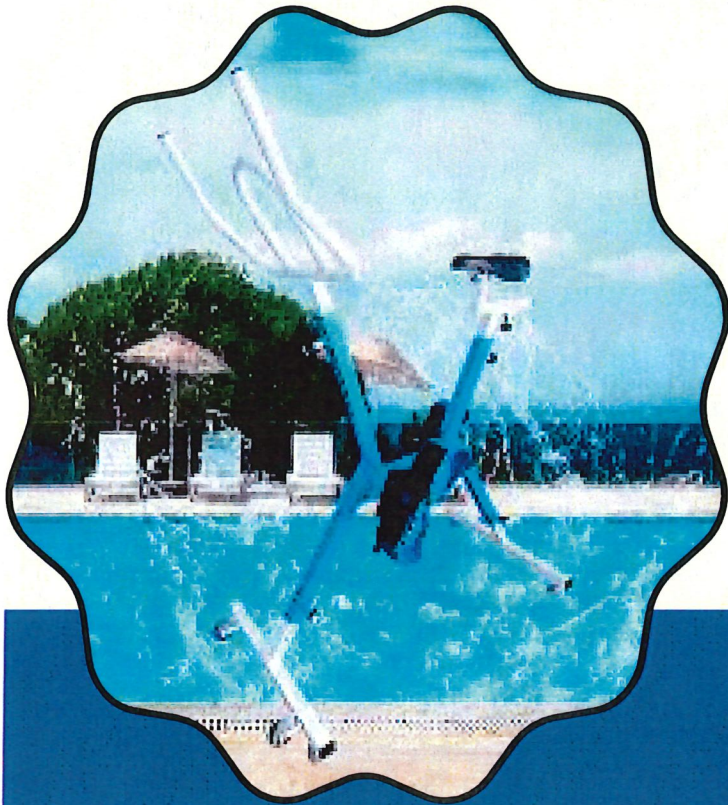
Most of us know that regular exercise has a number of important health benefits, including weight management and improvement in cardiovascular health and sleep quality. However, many people struggle with common forms of exercise, such as walking, running and weight-training due to pain, mobility issues or fear of falling.

Aquatic exercise is a fun way to focus on fitness in a gravity-reduced environment. The buoyancy of water is easier on the body and provides support for people with weakness, balance problems or pain. Additionally, the viscosity of water slows movement and provides resistance during exercise, making aquatic exercise a great workout.



MFC Fitness Department

WATER BIKE



Come try out the new water bike
This exercise strengthens muscles, improves cardiovascular health, and reduces soreness due to water resistance. It is ideal for rehabilitation, injury recovery, and reducing cellulite.

Tuesday and Thursday
5:30pm-6:30pm

Monday and
Wednesday
noon - 1pm

limited spots available
Call Fitness staff 715-793-4803 to
reserve a bike



This is not an exercise class, workout at your own pace-
Assistants will be there to get bike in and out of the pool
and answer any questions you may have



**Water
Therapy
Health and
Wellness for
Adults**

**Pool , Hot Tub, Sauna, Cold Tub
Open Daily
6am -9am
Every Fridays 6am to noon**

**And when no classes are in session
Signs will be posted
daily**



**MOHICAN
FAMILY
CENTER
FITNESS**

WATER AEROBIC CLASSES

Enjoy fitness in the pool
like never before!



Join our Water Aerobic
Classes – a low-impact,
high-energy workout
perfect for all ages and
fitness levels!

APRIL SCHEDULE

**ANTHONY- 5:30PM-6:30PM
EVERY MONDAY AND
WEDNESDAY**

**STEVEN NOON-1PM EVERY
TUESDAY AND THURSDAY**

REGISTER NOW LIMITED SPACE

CALL 715-793-4803 TO SIGN UP

EXERCISE CLASS

WITH STEVEN

April 2026

10AM

Every Day

CLASS TOPICS:

STRETCHING

STRENGTH AND BALANCE

RESISTANCE BANDS

FUNCTIONAL FITNESS TRAINING

MOBILITY CLASSES

For more information contact Steven Duffek 715-793-4803

MFC Fitness

BENEFITS **OF COLD TUB** **WORKSHOP**

April
30, 2026

Noon to
1pm

MOHICAN FAMILY
CENTER

More Information call Fitness 715-793-4803



MOHICAN FAMILY CENTER

ANNUAL MEMBERSHIP APPLICATION

MEMBERSHIP RENEWAL EVERY SEPTEMBER.

You must complete all information for your application to be processed. Please answer all information as accurately and honestly as possible. Please allow at least 10 business days for processing. **Please print clearly.**

Personal Information

Last Name: _____ First Name: _____

Date of Birth: (Month/Day/Year) ____/____/____ Gender: Female Male

Address: _____

Primary Phone #: (____) ____-____ Secondary Phone #: (____) ____-____

Emergency Contact #1: _____ Phone #: (____) ____-____

Emergency Contact #1: _____ Phone #: (____) ____-____

Membership type: Single Membership Family Membership

Members of household:

1. Last Name: _____ First Name: _____ Grade: _____

Date of Birth: ____/____/____ Gender: Female Male Relationship to member: _____

2. Last Name: _____ First Name: _____ Grade: _____

Date of Birth: ____/____/____ Gender: Female Male Relationship to member: _____

3. Last Name: _____ First Name: _____ Grade: _____

Date of Birth: ____/____/____ Gender: Female Male Relationship to member: _____

4. Last Name: _____ First Name: _____ Grade: _____

Date of Birth: ____/____/____ Gender: Female Male Relationship to member: _____

5. Last Name: _____ First Name: _____ Grade: _____

Date of Birth: ____/____/____ Gender: Female Male Relationship to member: _____

Please read the following and sign below:

I hereby certify that the information in this application is true, accurate, and complete to the best of my knowledge. I am aware that it is my responsibility to notify the MFC of any change in the information supplied in this application. I understand that incomplete applications cannot be processed.

Signature of Applicant

Date

N8605 OAK ST., P.O. BOX 70, BOWLER, WI 54416 | (715)793-4080



Mohican Family Center

Physical Activity Readiness Questionnaire

For people aged 16 and older

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, this questionnaire will help you to know 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 your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: **Check YES or NO**

- | YES | NO | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you feel pain in your chest when you do physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | In the past month, have you had chest pain when you were not doing physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you lose your balance because of dizziness or do you ever lose consciousness? |
| <input type="checkbox"/> | <input type="checkbox"/> | 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"/> | Are you currently taking prescription drugs for your blood pressure or heart condition? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you know of any other reason why you should not do physical activity? |

If you answered YES to one or more questions:

Talk with 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 questionnaire and which questions you answered YES to.

- You may 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

If you answered NO to all questions:

If you answered NO honestly to all of the questions, you can be reasonably sure that you can:

- Start becoming much more physically active - begin slowly and build up gradually. This is the safest and easiest way to go.
- Take part in a 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. It is also highly recommended that you have your blood pressure evaluated, and talk with your doctor before you start becoming much more physically active.

I have read, understood, and completed this questionnaire.

Print Name

Date

Signature

Witness

Signature of Parent/Guardian (For participants under the age of 18)

NOTE:

- The information provided on this form will only be used for the applicant to use the Mohican Family Centers fitness rooms and for the enrollment of recreation and sports activities.
- If you answer "yes" to one or more questions in the questionnaire, your physical condition may not be suitable for taking part in the activity concerned. For safety's sake, you should consult a doctor in advance and produce a medical certificate upon enrollment to prove that you are physically fit for taking part in the activity. If you fail to produce a medical certificate, you must submit the completed Declaration upon enrollment.

All Adults in household using MFC
Must Fill out. So please get additional forms



Mohican Family Center Adult Release Form

RELEASE OF LIABILITY READ BEFORE SIGNING

The Mohican Family Center requires you to sign a general release form before participating in any of the Health/Fitness Programs. This release form states that the Mohican Family Center is not responsible if you injure yourself during any of the activities.

I, _____ the undersigned Participant, IN CONSIDERATION of permission granted to me by the Mohican Family Center to use the exercise equipment or to participate in Health/Fitness Programs, do HEREBY RELEASE THE Stockbridge-Munsee Community and Mohican Family Center, the officers, employees, and agents thereof, from and against all claims, legal action, judgments, expense, and cost arising out of ANY PHYSICAL INJURY to myself resulting from use of exercise equipment or participation in any Health/Fitness Programs sponsored by the Mohican Family Center.

I understand and agree that I have voluntarily chosen to participate in activities at the Mohican Family Center.

I understand that I may ask questions or request further explanation or information about the activities, facilities, programs, and services offered by the Mohican Family Center at any time before, during, or after my participation.

I DECLARE THAT I HAVE READ, UNDERSTAND AND AGREE TO THE CONTENTS OF THIS INFORMED CONSENT AGREEMENT IN ITS ENTIRETY.

Print Name

Date

Signature

Witness

All Adults in household using MFC
must fill out so please get additional forms



Mohican Family Center Declaration

Please check one of the following boxes.

I hereby declare that:

I am a frequent participant in fitness activities and am capable of participating in this fitness activity. Therefore, I do not need to produce any medical certificate to prove that I am able to participate in this activity. The Mohican Family Center shall not be liable for any injury or death I may suffer in this activity. I understand that if I have any doubts about my ability, I should consult a doctor before taking part in the activity.

I am not a frequent participant in fitness activities. However, I have been examined by a doctor and certified as physically fit for participating in this activity. A copy of the medical certificate is attached for reference.

Print Name

Date

Signature

Witness

All Adults in household using MFC
must fill out so please get additional forms

ACKNOWLEDGEMENT OF RECEIPT AND UNDERSTANDING

I have read and agree to abide by the Family Services/Mohican Family Center policies and procedures.

1. The statements contained in the Mohican Family Center Policies and Procedures for community and employees of the Stockbridge Munsee Community are intended to serve as general information concerning the Stockbridge Munsee Community and policies, procedures practices of employment and services.
2. Nothing contained in the Mohican Family Center Policy and Procedures is intended to create (nor shall be construed as creating) a contract (express or implied) or a guarantee for a definite or indefinite term.
3. From time to time the Stockbridge Munsee Community may need to clarify, amend and/or supplement the information contained in the Mohican Family Center Policies and that the Stockbridge Munsee Community will inform me when changes occur.
4. I have received a copy of the Mohican Family Center Policy and understand that I am responsible for familiarizing myself with the information outlined in the Mohican Family Center Policy. I will ask any questions I may have concerning its contents and will comply with all policies and procedures to the best of my ability.

Signature: _____

Date: _____

Location: _____

Witness: _____

Approved by Tribal Council on July 19, 2023

- Page 1 adding Personal Electronic Usage in Workplace

~~Have All~~
~~Each Adult must fill out~~

Have All Adults Sign on this page
that are using MFC

Mohican Family Center Fitness 24/7 Key Card User Agreement



Purpose

This agreement outlines the terms and conditions governing the use of your key card for access to 24-hour fitness facilities.

Eligibility

The key card grants authorized members entry to the weight, cardio and locker rooms during after hours use of the facility. All members must have membership forms on file to be eligible to receive Key card

Key Card Use

- The key card is for personal use only and may not be shared, loaned or transferred.
- Members must be 18 years or older. Adults residing in one household may request separate key cards or may share one card.
- You must be at least 10 years of age to use the 24/7 key card fitness facilities only and must be accompanied by a parent or guardian. Parent or guardian agrees to accept full responsibility for ensuring minor adheres to all rules and regulations herein or posted in the facility and assume liability of all risks. Initials: _____
- Members must scan their key card upon each entry and sign in and out on the sheet provided.
- Unauthorized use of a key card may result in suspension or termination of Key Card membership.
- Lost or stolen cards must be reported immediately to staff. Replacement fee of \$10.00 to be issued a new card.

Access Hours

Access is available 24 hours a day, seven days a week, unless otherwise restricted by maintenance, or unforeseen circumstances. The Mohican Family Center reserves the right to modify access hours with reasonable notice.

Security and Conduct

- Members must ensure doors close securely after entry and must not allow others to enter without scanning their own key card and signing in.
- Members must follow all posted rules, and safety guidelines.
- Use all equipment in a safe manner.
- Any misuse of the facility or violation of this agreement may result in disciplinary action, including revocation of access privileges.

Assumption of Risk

Prior to Use of the Mohican Family Center, all participants must have received, reviewed and returned to management, a signed copy of the policies, including the Physical Activities Readiness Questionnaire (PAR-Q), which must be on file before a participant may use the facilities. The Stockbridge Munsee Tribe is not responsible for accidents or injuries that occur. Members exercise at their own risk and are responsible for their own health and safety. Participation and activities at the Mohican Family Center is voluntary and as such, participants assume all risk for any harm or injury sustained. The Stockbridge Munsee Community, The Family Services Department, and its employees, officials, volunteers and agents are not liable for injuries or damage resulting from the negligent or improper use of the facility.

Termination of Access

24-hour Fitness reserves the right to deactivate or revoke key card access at any time for policy violation or behavior deemed unsafe or inappropriate. Refer to the MFC policies on minor and major rules and disciplinary procedures.

Agreement Acknowledgement

By signing below, the member acknowledges understanding and acceptance of the terms of this Key Card Access Agreement and agrees to comply with all 24/7 Fitness policies and procedures.

Member Name: _____

Member Signature: _____

Date: _____

Other adults to be listed on Key Card:

Name: _____ Signature: _____

Name: _____ Signature: _____

Minor Child (ren)

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Card Number: _____ Issued on: _____

MFC Staff Signature: _____



Locker Agreement

Lockers are available for individuals using the Mohican Family Center weight/cardio room regularly (4 times a week). For a limit of three months at a time.

Lockers will be available to individuals to use daily for swimming, weight and cardio use.

- a. Personal locks are not permitted on lockers; combination locks will be given to members when requested.
- b. Members who use lockers regularly can bring their own personal locks.
- c. Threatening, intimidating or harassing behavior will not be tolerated in the locker room/bathrooms. If necessary, local police will be notified.
- d. Cellphones and other mobile devices with recording capabilities, including voice recording, still cameras and video cameras are not permitted to be used in the locker rooms
- e. Do not leave personal items unattended in lockers rooms as Stockbridge Munsee Community is not responsible for lost or stolen items.
- f. Management reserves the right to remove locks if locks are not returned or items are not empty after each visit. (unless regular user). Items in lockers will be placed in lost and found for thirty days. If not claim, items will be donated.

I have read, fully understand and agree to the above locker room agreement.

Name: _____

Signature: _____ Date: _____

Locker Room: Male: _____ Female: _____



Locker Agreement

Lockers are available for individuals using the Mohican Family Center weight/cardio room regularly (4 times a week). For a limit of three months at a time.

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- a. Personal locks are not permitted on lockers; combination locks will be given to members when requested.
- b. Members who use lockers regularly can bring their own personal locks.
- c. Threatening, intimidating or harassing behavior will not be tolerated in the locker room/bathrooms. If necessary, local police will be notified.
- d. Cellphones and other mobile devices with recording capabilities, including voice recording, still cameras and video cameras are not permitted to be used in the locker rooms
- e. Do not leave personal items unattended in lockers rooms as Stockbridge Munsee Community is not responsible for lost or stolen items.
- f. Management reserves the right to remove locks if locks are not returned or items are not empty after each visit. (unless regular user). Items in lockers will be placed in lost and found for thirty days. If not claim, items will be donated.

I have read, fully understand and agree to the above locker room agreement.

Name: _____

Signature: _____ Date: _____

Locker Room: Male: _____ Female: _____



Pool/ Whirlpool Conduct

- *Must shower before entering the pool
 - *No running
 - *No diving
 - *All youth need to be supervised by an adult
 - *Toddlers must wear swim diapers
 - *No animals in the pool
 - *No food in pool area
 - *No glass bottles
 - *No foreign objects such as toys, jewelry etc. allowed in pool area
 - *Wear proper swim attire no street clothes or cutoff jeans.
 - *All youth must be accompanied by an adult
 - *If you are under the influence you are not allowed in the pool area or any area of the Mohican Family Center.
- Children under the age of 5 should not use the hot tubs
- *Children under 12 years old must be supervised by an adult
 - *Limit hot tub use to 15 to 20 minutes at a time
 - *No diving or jumping in the hot tub
 - *Do not submerge your head
 - *Do not use hot tub if you have open wounds
 - *Seek medical advice before using the hot tub if you are pregnant or have a chronic condition
 - * Fecal and urine in the pool or whirlpool are prohibited, causing dangerous bacteria. Pool and whirlpool will be shut down for draining and cleaning.

Failure to follow conduct will result in corrective action.

Member Signature: _____ Date: _____

