



# 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 #2: 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 MF( 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 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 this form. 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

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# MOHICAN FAMILY CENTER

ADULT RELEASE FORM

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**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, I 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 this form.  
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# MOHICAN FAMILY CENTER FITNESS 24/7 KEY CARD USER AGREEMENT

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## **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 afterhours 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 guideline .
- 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.

## ACKNOWLEDGEMENT OF RECEIPT AND UNDERSTANDING

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

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.

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.

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.

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.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

*All adults in household using MFC must fill out this form.  
So please get additional forms.*

## POOL / WHIRLPOOL CONDUCT

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- 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.**

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Member Signature

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Date

# ASSUMPTION OF RISK

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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

\_\_\_\_\_  
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

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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.
- Personal locks are not permitted on lockers; combination locks will be given to members when requested.
- Members who use lockers regularly can bring their own personal locks.
- Threatening, intimidating or harassing behavior will not be tolerated in the locker room/bathrooms. If necessary, local police will be notified.
- 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
- Do not leave personal items unattended in lockers rooms as Stockbridge Munsee Community is not responsible for lost or stolen items.
- 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.

\_\_\_\_\_  
Member Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Locker Room:    Male    Female