



Get Ready! Get Set! Get Fit! At a Baltimore County Senior Center



Thank you for your interest in the Baltimore County Department of Aging (BCDA) Senior Center Fitness Center Program. BCDA fitness centers offer quality fitness equipment that has been specifically chosen to meet your fitness needs and abilities. The fitness facilities are drop-in centers monitored by volunteers trained in recognizing and reacting to health emergencies and general equipment usage. There is no on-site paid supervisory staff. Professional fitness services (including assessments, orientations, and monitoring) are available and can be purchased individually for an additional fee.

GETTING STARTED

To use the fitness equipment, you must complete the following steps:

1. Be a member in good standing of the Baltimore County Senior Center where you want to use the fitness equipment.
2. Complete, sign, and return the following forms to the senior center:
 - a. Fitness Center Application (1pg)
 - b. Consent and Release Form (2pgs)
 - c. Physician's Clearance (Take this to your doctor to sign and return to senior center). (3pgs)
 - d. Fitness Center Rules form (1pg)
3. Register for Fitness Equipment Orientation. Register at front desk.
4. At end of Fitness Equipment Orientation:
 - a. Pay for annual fitness center membership.
 - b. Receive a membership card.

You are now able to use the fitness facility whenever it is open to the membership!

Please note: the fitness center relies on volunteer fitness monitors to be open. If a volunteer is not present, the room will remain closed for your safety. The fitness room may also be used during non-operating hours for personal training appointments and equipment orientations.

WHY DO WE NEED TO WAIT FOR THE EQUIPMENT ORIENTATION TO BEGIN?

We want to make sure everyone is aware of how to operate the equipment safely. Attending the equipment orientation let's us explain in detail how to properly set up and use the equipment and to go over the rules and procedures of the fitness room. It also provides you with an opportunity to ask any questions prior to starting exercise. **Orientation does not include a fitness assessment or an exercise prescription.**

WHAT HAPPENS IF MY DOCTOR WON'T CLEAR ME FOR EXERCISE?

Unfortunately, you will not be able to become a member of the fitness center. You must have your doctor's consent to participate.

WHAT IF I WANT SOMEONE TO GIVE ME ADVICE ON WHAT EQUIPMENT TO USE OR EXERCISES TO DO?

BCDA offers all members the option of retaining the services of a certified personal trainer. A personal trainer can complete a personalized fitness assessment based on your individual health needs, create an individualized exercise plan to help you meet your fitness goals, and provide ongoing monitoring, recommendations, and motivation to improve your fitness regime.

A number of different personal training packages are offered depending on the amount of time you want to spend with the trainer. To work with a personal trainer, you schedule an appointment at the front desk. You will have to pay for your appointment at that time and sign a Cancellation and Lateness Policy. You will also receive a Medical History Form which you need to fill out and bring back with you to your appointment.

WHAT OTHER PROGRAMS ARE OFFERED IN THE FITNESS ROOM?

The BCDA personal trainers will periodically conduct group workshops open to all fitness center members about equipment usage, developing exercise routines, and other related issues. Check your fitness center bulletin board for specific dates and times of the upcoming workshops and programs.

QUESTIONS?

Contact your senior center director.



Baltimore County Department of Aging
SENIOR CENTER FITNESS CENTER APPLICATION



Directions: Please complete this form carefully and completely. All information will be treated confidentially.

Last Name First Name Last 4 digits of SS#

Street Address

City State Zip Code

Work Phone Home Phone Date of Birth

Physician's Name Physician's Phone ***Physician's Fax***

Emergency Contact #1 Relationship Phone

Emergency Contact #2 Relationship Phone

FOR OFFICE USE ONLY

Date Application Received:
Date MD Consent Faxed:
Date Consent Received:
Date Senior Center Membership Verified:
Orientation Date:
Fee Paid:
Date Fitness Membership Starts:
Comments:



Baltimore County Department of Aging
Fitness Center Consent and Release Form



Participant's Name: _____

Address: _____ Zip: _____

Date of Birth: _____

Telephone: _____ Alternate Phone: _____

I wish to participate in a BCDA Senior Center Fitness Center program.

I understand:

That the purpose of this program is to provide me opportunity to increase my physical activity. I hereby acknowledge that my participation in the program of physical exercise is entirely voluntary on my part and solely for my own benefit.

That a Physician's medical clearance is required to use the Fitness Center at a BCDA Senior Center. I am aware that the fitness center is a drop-in facility and there are no on-site staff, only volunteers monitoring my membership validity and use of the equipment. I understand the fitness center is not designed for the physical, respiratory, or cardiac rehabilitation of high-risk individuals.

That there are risks associated with my participation in the fitness / wellness programs that require physical activity and the use of exercise equipment. These may include: abnormal blood pressure, fainting, disorder of heart beat, muscle soreness, muscle cramps, lightheadedness, breathlessness, muscle injury, chest discomfort, and in rare instances, heart attack or stroke.

That to reduce the risk of injury, I should never force or strain muscles. I recognize not all exercises are suitable for everyone and injury might result.

That if I become distressed or uncomfortable in any way during the assessment or during any of the exercise periods, I will inform center staff or the fitness monitor immediately. Information about my health status and previous experiences of unusual feelings during physical exercise will be shared with the staff but will be considered strictly confidential.

That the **Baltimore County Department of Aging** shall have no responsibility to instruct, monitor, supervise or otherwise to participate in my exercise activities or my use of the fitness equipment at BCDA Senior Center Fitness Centers.

That I consent to emergency medical treatment in the event I experience injury or illness while participating at a BCDA Fitness Center.

That my participation in the program and any assessment is voluntary. I am free to deny consent or stop my participation at any time.

I, the undersigned, have read this consent and release form and understand all aspects of the foregoing, including the potential risks. I, for myself, my personal representatives, assigns, heirs and next of kin, **hereby release, discharge, covenant not to sue, and agree to indemnify and save and hold harmless** the Baltimore County Government, the Baltimore County Department of Aging, the respective Senior Center Councils, their officers, agents, servants and employees from liability arising from or connected to exercise activities at a BCDA Senior Center Fitness Centers.

Participant's Signature _____

Date_____

Witness Signature _____

Date_____



Baltimore County Department of Aging
Senior Center Fitness Center Physician Medical Clearance Form

Patient's Name _____

Date _____

Address _____

Date of Birth _____

Phone _____

Fitness Center _____

The above named individual has applied to participate in a Baltimore County Department of Aging Senior Center Fitness Center. The fitness center is a drop-in facility, use at your own risk facility that includes both aerobic and strength training equipment (*see attached*). It is not a medically supervised fitness program and there are no on-site professional staff monitoring participants. If the individual desires, professional fitness consultation is available at an additional charge. The fitness center is not designed for the physical, respiratory, or cardiac rehabilitation of high-risk individuals. Participating individuals must be able to safely operate equipment independently without the need of professional supervision.

MEDICAL CLEARANCE

Patient is cleared for exercise. I have reviewed this patient's medical history and give my approval for him / her to participate in a BCDA Senior Center Fitness Center. I understand that this program is **NOT MEDICALLY SUPERVISED**. Only proper set-up and correct form are discussed and demonstrated at fitness equipment orientation. Individual levels of intensity, duration, and frequency will not be covered in the equipment orientation.

Patient is **NOT cleared** for exercise.

Physician's Signature _____ Date _____

Physician's Name (Printed) _____

Physician's Address _____

Physician's Phone _____

Return Form to: BCDA-Wellness Specialist
611 Central Avenue
Towson, MD 21204
FAX: 410-887-3656





BCDA Fitness Centers/Fitness Studios Rules of Participation

- Medical clearance and equipment orientation is required prior to participating.
- Athletic shoes must be worn. (No sandals, high heels or bare feet.) Loose fitting, breathable clothing is encouraged.
- Proper decorum and consideration of the rights and comforts of others must be observed at all times.
- Eating or drinking is prohibited except for capped water bottles.
- Equipment must be wiped off after using.
- Individuals with a Blood Pressure of greater than 160/90 are discouraged from exercising.
- Participants are encouraged to warm up before exercising and cool down after exercising.
- Participants should refrain from eating large meals one hour before exercising.
- Individuals should stop exercising immediately and contact staff if any of the following signs/symptoms occur: unusual shortness of breath, lightheadedness or dizziness, chest/back/jaw discomfort.
- Use of equipment and fitness center/studio is at your own risk.
- BCDA is not responsible for lost or stolen personal items.

