



## NOT THE DOWNTOWN Y...

We are pleased to offer you a relaxing and beautiful gym facility equipped with the latest aerobic machines and weights for your exercise needs. The gym's hours of operation are 6:00 am – 10:00 pm, Monday through Friday, and 8:00 am – 8:00 pm Saturday and Sundays. Membership fee is \$120.00 per member, per year; this amount can be paid over a 12-month period. The revenue generated from these fees will be placed in a reserve fund to cover regular equipment maintenance or replacement costs. Only those 16 years of age and registered co-op members are permitted to use the gym. We have installed the following equipment for your use:

- A treadmill
- A recumbent bike
- An elliptical machine
- 2 Thera-balls
- A 2-stack multi-station
- A set of dumb bells (3lb-50lb)
- 2 warm up mats

To register as a member of the gym, you must read over the following package and carefully fill out the, ***Par-Q, Informed Consent, and Payment Information*** forms and return them to the office. All members must attend a mandatory orientation session prior to using the facility. Use one form per member, and should you require more forms please drop by the office.

Feel free to contact me at 416-920-7340 Ext: 206, should you have any questions or require more information.

Thank you,

**Ryan Hayward**

Diane Frankling Co-operative Homes Inc.



DIANE FRANKLING  
CO-OPERATIVE HOMES

## NOT THE DOWNTOWN Y...

### PAYMENT INFORMATION

#### Membership Period:

Membership fee is \$10 per month; with a **minimum six (6)** month commitment. Membership will be effective on the first day of the month. You may sign up at any time but you will be charged from the 1<sup>st</sup>.

#### Payment Options: (check one)

- \$10 monthly instalments  
 \$30 quarterly instalments  
 \$120 in full

You may include your gym payment with your housing charge in one cheque or money order, but you must **CLEARLY LABEL THE CHEQUE ACCORDINGLY**. Note: membership will be considered in default if payment is not received by the **15<sup>th</sup>**. Payments outstanding after the 15<sup>th</sup> will be added to your housing charge account and will be considered housing charge arrears. No refunds will be granted.

#### Payments Due:

Payments are due (as per housing charges) on the first banking day of the month by **11:00am**. A late payment fee of \$2 will be applied after that time.

#### Terminating Membership:

Notice of termination of membership must be received in **writing** by the **25<sup>th</sup> day** of the final month.

#### Type of Payment:

As per housing charges, cash will not be accepted.

I have read the above information and agree to the payment plan selected in order to activate my gym membership.

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Member Name/Unit #

| Date



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## GUEST PAR-Q

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 65, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 65 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.

| Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. 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"/> | 2. Do you feel pain in your chest when you do physical activity?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. In the past month, have you had chest pain when you were not doing physical activity?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Do you lose your balance because of dizziness or do you ever lose consciousness?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. 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"/> | 6. If your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?                |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. 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 fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES to.**

If you answered **NO** honestly to all questions...

**You can be reasonably sure that you can:**

- △ **Start becoming more physically active, beginning 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 you can plan the best way for you to live actively.

**NOTE:** If your health changes so that you now answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

**YOU SHOULD DELAY BECOMING MORE ACTIVE...**

- △ If you are not feeling well because of a temporary illness such as a cold or a fever.
- △ If you are or may be pregnant, talk to your doctor before you start becoming active.



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## ***Informed Consent Form***

In consideration of the Co-op acceptance of my membership, I acknowledge, understand and am aware that:

Certain RISKS OF INJURY are inherent in participation in sports and recreational activities, these types of injuries may be minor or serious and may result from my own actions, or inactions of others, or a combination of both.

The RULES AND REGULATIONS are designed for the safety and protection of participants, and I am required to abide by these rules and regulations, which are publicly posted from time to time in the Bleecker Gym.

Certain activities require a minimum LEVEL OF FITNESS AND HEALTH and each person has a different capacity for participating in these activities. I understand that I should be well enough to participate because the CHOICE to participate brings with it the ASSUMPTION OF THOSE RISKS AND RESULTS which are a part of these activities.

THE BOARD OF DIRECTORS, STAFF, AND ANY DESIGNATED VOLUNTEERS OF DIANE FRANKLING CO-OPERATIVE HOMES shall not be liable for any injury to my person or loss or damage to my personal property arising from, or in any way resulting from, my participation in these activities, UNLESS such injury, loss or damage is caused by the SOLE NEGLIGENCE of the co-op or its employees or agents while acting within the scope of their duties.

I have read, understood and completed both the "Par-Q" on the reverse side and the "Informed Consent Form" on this side. Any questions I had were answered to my full satisfaction.

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Unit & Phone #** \_\_\_\_\_

**First 5 Digits on Access Card #** \_\_\_\_\_