



# CITY OF LAGUNA NIGUEL

# SEA COUNTRY FITNESS CENTER REGISTRATION PACKET

Included in this packet:

- Policies and Procedures
- Registration Form
- Waiver and Release Form
- Medical Clearance Form



(949) 425-5151



[cityoflagunamiguel.org](http://cityoflagunamiguel.org)



@CityofLagunaNiguel

# Policies & Procedures

## Membership

- Use of the Fitness Center is limited to patrons 50 years and older.
- There is an annual fee for users which includes the required completion of paperwork as well as an orientation prior to first use. A Medical Clearance form must be signed by a doctor before receiving an orientation.
- Members only. Guests are not permitted in the Fitness Center but may wait in the lounge.
- A current membership card must be presented at each visit. Membership cards are non-transferable and may not be used by others. (\$5 replacement fee for lost cards.)
- No refunds once user has received their orientation.

## Annual Fees

	<b>Resident</b>	<b>Non-Resident</b>
<b>Group Orientation</b>	\$25	\$40
<b>Individual Orientation</b>	\$45	\$60

## Refunds

- Refunds will not be issued for no-shows to orientation appointments.
- No refunds once user has received their orientation.

# Policies & Procedures

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## Equipment Use

- Appropriate work-out clothing and athletic shoes must be worn at all times.
- No open toed shoes are allowed.
- Members must provide their own towels and wipe off equipment after each use.
- Use of cardiovascular equipment is limited to 20 minutes while others are waiting for use.
- Treadmill Use: Emergency Stop clip must be worn and no reading is allowed.
- No smoking, no pets, no gum, no food or drinks other than water are permitted in Fitness Center. A secure closure is required on all water bottles.
- Cell phones shall be turned “off” while in the Fitness Center.
- Personal audio units must be used with head phones.
- Common area audio/visual equipment is to be handled by staff only.
- Personal items must be stored in the cubby cabinet. For safety reasons, no items may be left on the floor near the exercise equipment.
- The City of Laguna Niguel is not responsible for lost, stolen, or damaged personal property left in the Fitness Center.
- Use of exercise equipment will be restricted from anyone whose health or actions may be unsafe to themselves or others.
- Equipment use during orientations takes priority over drop-in use.

# General Information

## Hours of Operation:

Monday - Friday: 9 am - 5 pm

Saturday: 9 am - 1 pm

\*Hours subject to change - please check with Center for holiday closures

## Equipment Available (18 pieces):

### **Cardio Equipment:**

- 3 Treadmills
- 3 Recumbent Bikes
- 2 NuStep Steppers
- 1 Elliptical
- 1 Arm Bike



### **Strength Equipment:**

- Chest Press
- Abdominal
- Low Row
- Vertical Traction
- Leg Press
- Kinesis (total body trainer)

### **Stretch Equipment:**

- Flexibility Posterior
- Flexibility Anterior (stretch without getting down on the floor)

## Other Information:

**Towels:** Towels are not provided, but are required.

**Lockers:** No lockers are provided. Only open cubby cabinets are available for storage. Please keep valuable items at home.

**Showers:** No showers are provided.

**Personal Trainers:** Private personal trainers are not permitted into the Fitness Center.





**City of Laguna Niguel**  
*Parks and Recreation Department*  
**REGISTRATION FORM**  
**ONE FORM PER PERSON REQUIRED**

**Contact Information:**  
Crown Valley Park  
29751 Crown Valley Parkway  
Laguna Niguel, CA 92677  
(949) 425-5100  
[Registration@CityofLagunaNiguel.org](mailto:Registration@CityofLagunaNiguel.org)

PARTICIPANT'S NAME: \_\_\_\_\_ SEX \_\_\_\_\_ D.O.B. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ GRADE \_\_\_\_\_

PARENT/GUARDIAN NAME (if participant is a minor): \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE (\_\_\_\_\_) - \_\_\_\_\_ WORK PHONE (\_\_\_\_\_) - \_\_\_\_\_ CELL PHONE (\_\_\_\_\_) - \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ @ \_\_\_\_\_

EMERGENCY CONTACT (other than parent) \_\_\_\_\_ PHONE (\_\_\_\_\_) - \_\_\_\_\_

MEDICAL INFORMATION \_\_\_\_\_

*If you need special assistance, please contact the Parks and Recreation Department at least one week prior to the start of activity.*

ACTIVITY #	NAME OF ACTIVITY	DAY/TIME	CHECK #	FEES

I voluntarily agree to have myself or my child participate and I realize that every precaution is taken to eliminate any injury or hazards to myself or my child, and that a competent supervisor is present; however, in the event of any injury to myself or my child, I hereby waive, release and hold harmless from any liability for damages or claims for damages for personal injury, including accidental death, as well as from claims for personal property damage which may arise in connection with the program, against the City of Laguna Niguel and all its officers, agents and employees.

I give consent to any X-Ray examination, anesthetic, medical or surgical diagnosis tendered under the general or special supervisor of any member of the medical staff and emergency room staff licensed under the Medicine Practice Act or a dentist licensed under the Dental Practice Act or the staff of any acute General hospital holding a license to operate from the California Department of Public Health. It is understood that this authorization is given in advance of diagnosis, treatments, or hospital care being required but is given to provide the aforementioned medical/dental personnel authority to render care as they deem advisable. It is understood that efforts shall be made to contact the undersigned prior to rendering treatment, but that treatment will not be withheld if the undersigned cannot be reached.

I permit the use of activity/event photography and/or video of my child or myself for LN Parks & Recreation media promotion.

I HAVE READ AND UNDERSTAND THIS RELEASE FROM LIABILITY AND THE CANCELLATION/REFUND POLICY.

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

(Signature) Parent or Guardian must sign for those under 18 years of age

**PAYMENT INFORMATION:**



NAME ON CARD \_\_\_\_\_

CREDIT CARD NUMBER \_\_\_\_\_ EXP DATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

3-DIGIT CVC CODE \_\_\_\_\_

**WAIVER AND RELEASE OF LIABILITY**  
CITY OF LAGUNA NIGUEL  
FITNESS CENTER  
SEA COUNTRY SENIOR AND COMMUNITY CENTER  
24602 Aliso Creek Road  
Laguna Niguel, California 92677

I, \_\_\_\_\_, am requesting that the City of Laguna Niguel ("City") allow me to use the exercise equipment that is located in the Fitness Center at the Sea Country Senior and Community Center and participate in the classes and other activities being held at the Fitness Center. (The use of the exercise equipment and the participation in the classes and activities is referred to herein as the "use of the Fitness Center").

I understand that the City is only willing to allow me to use the Fitness Center if I agree to this Waiver and Release of Liability.

I fully understand the following: (1) the use of the Fitness Center, including especially use of the exercise equipment, may involve risks and dangers that no amount of care, caution, instruction or expertise can eliminate; (2) the use of the Fitness Center could result in personal injury to me; (3) the specific risks vary from one activity to another; and (4) the risks range from minor injuries to major injuries, including catastrophic injuries resulting in death.

Further, I understand that using the Fitness Center could be dangerous if I have any medical condition or conditions that could be complicated by exercise. I understand that it is required that before I use the Fitness Center I consult with a physician regarding the potential effects on me of using the Fitness Center and that I obtain a medical clearance to use the Fitness Center.

By signing this document, I understand and acknowledge that I know it may be dangerous to use the Fitness Center as described above, and I expressly and voluntarily assume all risks of injury from using the Fitness Center.

In addition to the above, I hereby forever waive, release, and discharge the City of Laguna Niguel, and its Council members, officers, employees, agents, consultants, and independent contractors, including those that provide instruction and activities at the Fitness Center, (collectively, "released parties) from any and all claims, demands, liabilities or causes of action that I may hereafter have, and agree not to sue, for any personal injury, death, or damage to or loss of personal property resulting from or related to my use of the Fitness Center, including, but not limited to, losses caused by the passive or active negligence of the released parties or by hidden, latent or obvious defects or dangerous condition of the Fitness Center and/or the exercise equipment. I agree that this waiver, release and discharge and agreement not to sue is binding on myself, and my heirs, administrators, executors, and assigns. Further, I shall indemnify and hold harmless the released parties from any and all claims, demands, actions or suits arising out of or in any way related to my use of the Fitness Center.

I understand that before I am allowed to use the Fitness Center without being supervised by the staff of the Fitness Center, that I must demonstrate general knowledge of the use of the exercise equipment and that I must complete an instructional class in use of the Fitness Center sponsored by the City.

Read Reverse (OVER)

This Release shall remain in effect until revoked and shall extend to all uses of the Fitness Center. A copy of this Release may be used to the same extent as the original.

**DID YOU READ THIS DOCUMENT? \_\_\_\_\_**

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

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

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

City Representative Name: \_\_\_\_\_

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

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

### **RELEASE OF LIABILITY**

City of Laguna Niguel  
Fitness Center  
Sea Country Senior and Community Center

**City representative will ask the participant to read the Waiver and Release of Liability and answer the below questions and obtain his/her signature.**

Participant's Printed Name: \_\_\_\_\_

Can you explain to me what you just signed?                    Yes or No

\_\_\_\_\_  
Participant's Signature

You understand that you were advised that physical exercise at the Fitness Center may be dangerous to you?                    Yes or No

\_\_\_\_\_  
Participant's Signature

You understand that you are releasing the City of Laguna Niguel and its City Council, officers, employees, agents, consultants and independent contractors of all liability if you are injured?

Yes or No

\_\_\_\_\_  
Participant's Signature

Read Reverse (OVER)



# City of Laguna Niguel

## Sea Country Senior and Community Center

24602 Aliso Creek Road, Laguna Niguel, CA 92677

### FITNESS CENTER MEDICAL CLEARANCE

PATIENT'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Please Print)

Your patient is interested in participating in individual workouts or group circuit training classes at the Sea Country Senior & Community Center Fitness Center. The Fitness Center offers a variety of stretch, strength, and cardio equipment to be used on an individual basis or by participating in a separate group circuit training class.

The Fitness Center will house the equipment as stated below. Please check the boxes below to indicate whether or not your patient is approved to use the specified equipment.

<u>Cardio Equipment</u>		
Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Treadmill
<input type="checkbox"/>	<input type="checkbox"/>	Recumbent Bicycle
<input type="checkbox"/>	<input type="checkbox"/>	NuStep Stepper
<input type="checkbox"/>	<input type="checkbox"/>	Elliptical
<input type="checkbox"/>	<input type="checkbox"/>	Upper Body

NuStep Stepper



Upper Body



Elliptical



<u>Strength Equipment</u>		
Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Chest Press
<input type="checkbox"/>	<input type="checkbox"/>	Abdominal
<input type="checkbox"/>	<input type="checkbox"/>	Low Row
<input type="checkbox"/>	<input type="checkbox"/>	Vertical Pull-Down
<input type="checkbox"/>	<input type="checkbox"/>	Leg Press
<input type="checkbox"/>	<input type="checkbox"/>	Kinesis

Abdominal



Kinesis



Flexibility - Anterior



Flexibility - Posterior



<u>Stretch Equipment</u>		
Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	<u>Flexibility - Anterior</u>
<input type="checkbox"/>	<input type="checkbox"/>	<u>Flexibility - Posterior</u>

Please provide any recommendations regarding any exercise limitations for your patient or any medical information that may require special treatment or precaution in case of injury or emergency.

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Please indicate, by your signature below, that the above patient has your medical clearance to participate in this workout facility.

Physician's Name: \_\_\_\_\_ Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please print):

Physician's Address: \_\_\_\_\_ Physician's Telephone: \_\_\_\_\_

Member's Signature: \_\_\_\_\_

