



201 East Main Street • Birdsboro, PA 19508-2041 • 610.582.2471 •

2020 ADULT MEMBERSHIP APPLICATION

\$90 (6 months) or \$150 Annual

A student membership grants access to the Upstairs Gym, Game Room, and Outdoor Court during working hours.
Access to Fitness Center is 24/7.

*All members will **not** pay registration fees for programs provided by BCMC*

Discounted pricing on programming

Discounted pricing on rentals

Member Name: _____

Age: _____ Date of Birth: _____ Male / Female

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

School: _____ Grade: _____ Email: _____

PRIMARY CONTACT - this is the first person we will contact with matters pertaining to the member.

Name: _____ Relation to Member: _____

Employer: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

IT IS OK TO CONTACT YOU BY EMAIL WITH NEWS ABOUT UPCOMING EVENTS AT THE CLUB: YES / NO

EMERGENCY CONTACT - will be contacted if Primary Contact cannot be reached

Name: _____

Relation to Member: _____

Phone Number: _____ Alternate Phone: _____

MEDICAL INFORMATION

Doctor: _____ Telephone: _____ Date Last Exam: _____

IN THE EVENT I CAN NOT BE CONTACTED, I GIVE THE **Birdsboro Community Memorial Center** PERMISSION TO OBTAIN
EMERGENCY MEDICAL CARE FOR MY CHILD AT THE NEAREST HOSPITAL INITIAL: _____

Insurance Carrier: _____ Policy Number: _____

Does the member have any special needs/health issues (include allergies & medication):

2020 ADULT MEMBERSHIP APPLICATION CONT.

Do you belong to the military? YES NO If yes, which branch? _____

Do you have any disabilities? YES NO

I grant permission for **Birdsboro Community Memorial Center** to take and use photographs, slides and videotapes of the applicants needed for program documentation, program development and public relations. INITIAL: _____

I agree to read the membership rules and regulations of each program and review them with my child. INITIAL: _____

I understand that Birdsboro Community Memorial Center operates an open door policy in which youth 10 years and older are allowed to go in and out of the center on their own. INITIAL: _____

BCMC Liability Waiver

In consideration of my use of the exercise equipment and facilities at The Birdsboro Community Memorial Center, I expressly agree and contract, on behalf of myself, my heirs, executors, administrators, successors and assigns, that BCMC and its insurers, employees, officers, directors, and associates, shall not be liable for any damages arising from personal injuries (including death) sustained by me in, on, or about the premises, or as a result of the use of the equipment or facilities, regardless of whether such injuries result, in whole or in part, from the negligence of the BCMC.

By the execution of this agreement, I accept and assume full responsibility for any and all injuries, damages (both economic and non-economic), and losses of any type, which may occur to me, and I hereby fully and forever release and discharge the BCMC, its insurers, employees, officers, directors, and associates, from any and all claims, demands, damages, rights of action, or causes of action, present or future, whether the same be known or unknown, anticipated, or unanticipated, resulting from or arising out the use of said equipment and facilities.

I expressly agree to indemnify and hold BCMC harmless against any and all claims, demands, damages, rights of action, or causes of action, of any person or entity, that may arise from injuries or damages sustained by me.

I agree to be solely responsible for my safety and wellbeing of myself. I understand that the BCMC does not provide supervision, instruction, or assistance for the use of the facilities and equipment and is open for use twenty four hours a day, seven days a week.

I agree to comply with all rules imposed by the BCMC regarding the use of the facilities and equipment. I agree to conduct myself in a controlled and reasonable manner at all times, and to refrain from using any equipment in a manner inconsistent with its intended design and purpose.

I understand and acknowledge that the use of exercise equipment involves risk of serious injury, including permanent disability and death.

I understand and agree that the BCMC is not responsible for property that is lost, stolen, or damaged while in, on, or about the premises.

I understand and agree that my use of the facilities and equipment is only to be undertaken on my own personal time, and that my use of the facilities and equipment is not within the course or scope of my employment.

I HAVE READ THE FOREGOING WAIVER AND RELEASE OF LIABILITY AND VOLUNTARILY EXECUTED THIS DOCUMENT WITH FULL KNOWLEDGE OF ITS CONTENT.

Signature: _____ Date: _____

Print Name: _____

2020 FITNESS CENTER GUIDELINES

BCMC staff want to make sure all paying members who use our facilities respect our equipment and each other, so all members can continue to have a positive experience at our fitness Center. This is an twenty four hour a day, unstaffed, community fitness center, we trust our members will act respectfully, use their best judgment and be courteous of others while using the facility.

1. In case of medical emergency, dial 911. An AED is located in the Senior Center.
2. In the case of equipment malfunction, please notify the fitness center team via email at bcmc02@ptd.com.
3. The fitness center is not staffed. Please use caution when exercising.
4. You must be a member of the gym to enter and use the facility. Children, under 14 are not allowed in the Fitness Center. This is not a gathering area for groups of people or friends, so please only enter the gym if you are a current member and are using the equipment for exercise.
5. You need your key card to enter the gym. You may not let non-members or people without key tags into the center.
6. All members must be at least 16 years of age to work out alone in the center. Members who are 14 or 15 must be accompanied by a parent at all times within the fitness center.
7. The fitness center offers a non-threatening environment to get healthier. We discourage dropping weights, emotional outbursts, and loud grunting while working out. Please respect others who are trying to exercise.
8. No loud or offensive language or behavior.
9. There is no ownership of lockers. They are used on a first come, first serve basis. If you use a locker, you are required to bring your own lock. BMCC and staff are not responsible for lost, stolen or damaged personal property. If you leave your lock on a locker after you complete your workout and leave the facility, your lock will be cut off and thrown away.
10. Please help to keep the facilities clean. Please pick up after yourself and discard your trash.
11. Machines should be wiped down after each use. Wipes are provided at different stations throughout the fitness center.
12. Re-rack weights after each use.
13. You cannot bring your own fitness equipment, ie- weights, benches, etc.
14. There is no loitering, drug use, smoking, tobacco, alcohol use or any illegal activity allowed in the facility.
15. Do not deface or destroy any property within the fitness center, including walls, floors, equipment, restroom facilities.
16. Proper workout attire is mandatory, ie. Gym shoes and shirts (no street clothes or boots) Shirts must be worn at all times.
17. Please turn off all TVs on equipment after each use.
18. Only approved personal trainers are allowed to train members on site. If you are a member of the gym and an outside trainer, you may not train any members within the fitness center without approval from the director of the Community Center.
19. If you have been on the cardio equipment longer than 30 minutes and other members are waiting for the machine, please allow other members to use the machine.
20. Do not monopolize the weights/strength training equipment. When doing circuit training you may not reserve all the equipment in your circuit at one time. Share the equipment if people are waiting.
21. Rules, regulations and facilities are subject to change without notice.

NOTE: Violation of these facility Guidelines may result in loss/suspension of your membership without refund.

Signature

Date

