Charles City County
Parks & Recreation

Fitness Center Registration Form

Hours of Operation: 8am-8pm (M-F); 8am-Noon (Sat) | Hours are subject to change due to holidays, weather and special events.

	Participant Name	Date of Birth	Age	Gender	Allergies/Special Needs/Accommodations
1					

Participant Contact Number	*Participant Email*
Participant Address	***Emergency Contact Name***
	Emergency Contact Number

Minors 16-17 years of age must be accompanied by an adult.

Parent/Guardian Name *(For Youth Participants 16+ Only)*	*Parent/Guardian Contact Number* *(For Youth Participants 16+ Only)*

The participant registering for the Fitness Center agrees to abide by the following rules, which include:

- * Practice fitness courtesy; Respect others and their property.
- * No littering. Keep food/drinks in designated areas and contained.
- * Wear appropriate exercise attire and athletic shoes.
- * Sanitize equipment after use and put weights back when finished.
- * 30-minute maximum on cardio machines during peak hours.
- * No foul language. No fighting or horse playing.
- * Refraining from using equipment outside of its intended use.
- * No loud, vulgar or inappropriate music when using the stereo system.
- * Please refrain from using cell phones in the Health & Wellness Center.
- * Weapons and illegal substances are not permitted on the property.

Waiver of Participation: In consideration hereof, I hereby, for myself, my spouse, my children, my heirs, successors and assigns, now and forever, release, indemnify, save, defend, and hold harmless the County of Charles City, its department, officials, employees, instructors, volunteers and representatives from and against any all claims, including claims that result from or relate to an illness caused by Covid-19 or any related virus for personal injuries, death, fees, liabilities, losses and costs resulting from or arising out of my or my child's participation in any activity sponsored, co-sponsored or run by the County of Charles City, regardless of the number of times attended. **Medical Consent:** By participating, I give permission for any and all medical attention to be administered in the event of an accident or emergency. **Consent to use Photographs:** I also agree to allow photographic images of myself and/or my child(ren) to be taken by the Parks and Recreation Department for promotional purposes. **Acknowledgement of Rules:** Signing this form acknowledges that the participant agrees to abide by all Fitness Center Rules and adhere to common safe practices for equipment use. Participants under the age of 18 years old must be accompanied by an adult and must obtain the signature of a parent or guardian prior to receiving a membership. **Return Check Policy**: If a check is returned to the county as a result of insufficient funds a $35 returned check fee will be assessed.

Participant Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

Physical Address: 8320 Ruthville Road, Providence Forge, VA 23140
Mailing Address: PO Box 128, Charles City, VA 23030
(804) 652-1601 | www.co.charles-city.va.us