

Welcome to the Shepherd Village Fitness Centre. We look forward to seeing you, and your return to the fitness community, enjoying the workouts you love to do!

In this package, you will find the following documents:

1. Information Form
2. Waiver Form
3. Membership Enrollment Form
4. Cancellation Form

Please submit the fully completed **Waiver Form** and the **Membership Enrollment Form** to the Main Reception Desk. Once registration is complete, you will receive a phone call providing you with the Access Code to the Fitness Centre.

If at any time you wish to cancel your membership to the Fitness Centre, a Cancellation Form must be completed and submitted to the Main Reception Desk. If you have any questions, please call the Recreation and Volunteer Manager at 416-609-5700 extension 268.



**Shepherd Village Inc.**

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Associated with The Pentecostal Assemblies of Canada



Shepherd Village  
Fitness Centre – Information Form

Below is essential information to be aware of and follow. Please read carefully.

The fitness centre is open 6 a.m. to 10 p.m., seven days per week to all registered members, and the Fitness Centre is **UNSUPERVISED**.

### **MEMBERSHIP FEE'S**

- The staff membership fee is \$15.00 per month. The payment will be deducted monthly via payroll
- The resident membership fee is \$20.00 per month and will be deducted monthly via the accommodation payment
- Membership fees are non-refundable except for a Government-mandated closure and at the discretion of Shepherd Village

### **WHO CAN BE A MEMBER**

- Residents and staff of Shepherd Village
- Guests of staff
- Guests of residents
- Community members

### **INFECTION PREVENTION AND CONTROL**

- Maximum occupancy of the fitness centre and the pool is posted at the entrance of each area. Members are expected to adhere to posted maximum occupancy requirement
- Disinfectant spray and paper towels are available in the gym for disinfection. Members are expected to disinfect equipment before and after each use of equipment/machine
- Members are asked to practice hand hygiene and physical distancing as much as possible
- Masks **MUST** be worn when not using the equipment/pool
- Provide proof of vaccination (if required)

### **REPORTING EQUIPMENT AND OTHER CONCERNS**

- Members are asked to report any concerns with equipment/pool/change area etc. in the LOGBOOK located on the desk
- Members are asked not to use equipment that is identified as OUT OF ORDER



### **CODE OF CONDUCT**

- The Fitness Centre is UNSUPERVISED. Members are expected to know how to operate the equipment safely at all times
- Members are to wear proper fitness attire at all times
- Members are to treat other members with respect at all times
- Members are to refrain from unnecessary noise or other disruptive actions
- Members must finish using one piece of equipment before moving on to another
- Shut off all equipment after each use
- No shouting or arguing or other unacceptable behaviour permitted

### **EMERGENCIES**

- If emergency assistance is required, please use the phone located at the desk to either dial the Main Reception at extension 0 or 9-1-1



By my signature below, I certify that I am physically able to use all facilities and do hereby agree that this facility is not responsible or liable to me for any injury, accident or loss of personal property. I do hereby release this facility and its employees from any claim or cause of action which may have occurred as a result of any medical problem known or unknown which I may have knowledge of presently or in the future. I verify no promises or guarantees, other than those written in this agreement, were made to me by this facility or its employees. I agree to follow any and all guidelines and to cooperatively utilize the facility with other members. Failure to do so may result in cancellation of my membership.

I also acknowledge that I am responsible to ensure I use the equipment/pool in a safe manner and understand that I should report any concerns regarding safety via the LOG BOOK.

I also understand that the entry access code to the Fitness Centre is confidential and to be used by members only. Providing the code to a non-member of the Fitness Centre will subject my membership to cancellation.

I CERTIFY THAT I HAVE READ THIS AGREEMENT AND AGREE TO THE TERMS HEREIN.

\_\_\_\_\_  
Member Name (Print)

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Witness Name (Print)

\_\_\_\_\_  
Witness Signature

Office Use Only  
\_\_\_\_\_

\_\_\_\_\_  
Received By (Print)

\_\_\_\_\_  
Date Received



**Part One: Member contact information. Please clearly print information below.**

Street Address:	Cell Phone:
City:	Home Phone:
Postal Code:	
Emergency Contact Name:	Phone Number:
Name of Member Relation (if applicable):  <input type="radio"/> Staff member or <input type="radio"/> Village Resident	
Have you read and signed the Fitness Centre Waiver Form?  <input type="radio"/> Yes <input type="radio"/> No (if No, cannot proceed with registration)	

**Part Two: Physical Activity Self-Readiness Questionnaire**

Yes	No	
		Has your doctor ever told you that you have a heart condition and that you should only do physical activity recommended by a doctor?
		Do you feel pain in your chest when you do physical activity?
		In the past month, have you had chest pain when you were not doing physical activity?
		Do you lose your balance due to dizziness or do you ever lose consciousness?
		Do you have a bone or joint problem that could be made worse with physical activity?
		Are you currently taking any medications for blood pressure or a heart condition?
		Do you know of any other reason why you should not do physical activity?
		Are you unable to swim?

If you answered 'Yes' to any of these questions, consult your doctor BEFORE beginning any exercise program.



**Part Three: Health History**

Date of Birth:	
Name of Family Physician:	Phone Number:
Please list any medical conditions you have been diagnosed with (i.e. Hypertension, Diabetes etc.)	
Please list any surgeries you have undergone in the last 15 years.	
Please list any major injuries you have sustained in the last 15 years (i.e. fractures etc.)	
List any medications you are taking (prescription, over-the-counter, vitamins)	

**Part Four: Monthly Membership Fees\* & Payment**

Staff	\$15
Resident (excludes Terrace Residents**)	\$20
Guest/Community	\$30

\* Membership fees are subjected to increase at the discretion of Shepherd Village

\*\*Terrace Residents: Membership fee is included in the monthly accommodation fee



**Please check mark one of the selections below and complete the information for that section.**

**Shepherd Village Resident (Terrace Residents do not need to complete this page)**

I agree to pay Shepherd Village the current monthly membership fee (unfunded service) of \$20.00 for the use of the Fitness Centre. This contract will remain active until a Membership Cancellation Form is completed and received by the Fitness Centre.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

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**Shepherd Village Staff**

I agree to authorize Shepherd Village to collect the current membership fee (\$15.00) via the payroll deduction process. This contract will remain active until a Membership Cancellation Form is completed and received by the Fitness Centre.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee #

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**Guest/Community Member**

I agree to pay Shepherd Village the current monthly membership fee (\$30.00) for the use of the Fitness Centre. This contract will remain active until a Membership Cancellation Form is completed and received by the Fitness Centre. I will make payment via:

Attach Void Cheque    Credit Card    Cash

Name:	Phone#:	
Street Address:	City:	Province:
Postal Code:	Credit Card Type:	
Credit Card #	Expiry Date:	

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

Shepherd Village  
Fitness Centre – Cancellation Form



I \_\_\_\_\_ (print name) wish to cancel my Shepherd Village Fitness Centre Membership. I understand that the membership fee is cancelled as of the first day of the following month of the date indicated below.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Name (Print)

\_\_\_\_\_  
Witness Signature