

## Membership Application

El Paso Parks & Rec.  
525 S. Sycamore  
El Paso, IL 61738

Date: \_\_\_\_\_  
Staff Initial: \_\_\_\_\_

Name (print) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-mail \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Membership Type - Circle one: Family Individual  
Senior Senior Couple

Duration of Membership \_\_\_\_\_

### Statement of Transaction

1. Price of Membership \$ \_\_\_\_\_

2. Check Number or Cash \_\_\_\_\_

All payments must be made by check or cash and presented in person to City Hall in El Paso.

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

Manager Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Fitness Center Policies and Procedures**

1. A valid Fitness Center keycard is required for admission to the facility. No exceptions.
2. Proper attire is required at all times, including shirts and athletic shoes. No open toed shoes are allowed. No jeans or denim. No wet, muddy or salty shoes.
3. Food and drinks are not allowed inside the facility. Plastic water bottles are acceptable.
4. The use of improper or dangerous exercise techniques is not permitted.
5. Be respectful and considerate of others. Do not engage in horseplay, arguing, or loud offensive language.
6. The staff offices, telephones, and computer are off limits to members without permission.
7. No tobacco products, chewing gum, alcohol, drugs, or illegal substance allowed in the facility.

### **Fitness Center Etiquette**

1. Do not monopolize the equipment. Invite members who are waiting to work in.
2. Ask permission before working in on a piece of equipment.
3. Do not sit on the equipment when resting between sets.
4. Stay in the general vicinity if you are between sets on a machine.
5. Do not have long conversations when others are waiting.
6. Do not exceed the time limit on the cardio machine (30 minutes).
7. If you are waiting for a cardio machine, be ready to go when it's your turn.
8. Do not engage in any unwanted conversations and provide each of our members appropriate personal space as required.

### **Agreement for Facility Use**

User agrees and represents that all exercises, treatment and use of all fitness center facilities shall be undertaken at the user's own risk, that he/she is in good physical condition and physically able to undertake any physical exercises and treatments provided by the center, and the corporation which owns the center and/or any affiliated companies and/or the respective agents or employees, shall not be liable for any claims, demands, injuries, damages, action or causes of action, whatsoever, to user or his or her property arising out of, or connected with the use of any of the services and/or facilities of such corporation and of any affiliated companies and/or their respective agents and employees, or the premises where the same are located and the user does hereby expressly forever release and discharge said corporation and any affiliated companies and their respective agents, and their employees, from all such claims, demands, injuries, damages, actions, or cause of actions. In the case of any accident, user agrees and concedes that he will be examined at his sole expense by a licensed physician who shall report in writing to both the user and the Corporation owning the center.

**Damage to facilities:** User agrees to pay an extra charge for damage arising from any careless use of equipment, dropping of weights, or the like, caused by user.

**Personal property:** the center, and the agents and employees of the center shall not be responsible for damages, lost or stolen articles of clothing and/or other personal property of user.

**Compliance with rules and conditions:** At the time this agreement was executed, the center has given user a copy of its current policies and procedures. User agrees to keep and obey all policies and procedures and any additional or changed policies and procedures in the future prescribed by the center. Center reserves the right to add or amend the rules and conditions at any time, and the center reserves the right to revoke or terminate this membership if user fails to keep and obey any of such policies and procedures.

I have read and fully understand the contents of this agreement.

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

Signature of User: \_\_\_\_\_

## **EPG Fitness Center** **Health Form**

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 nine questions listed below. If you are between the ages of 15 and 69, the Health Form will tell you if you should check with your doctor before you start. If you are over 69 years of age and you are not used to being very active, check with your doctor.

**Please read the questions carefully and answer each one honestly by circling *YES or NO*.**

**If you answer YES to one or more of the questions:**

Talk to your doctor by phone or in person BEFORE you start becoming much more physically active. You may be able to do any activity you want as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those that are safe for you. Talk to your doctor about the kinds of activities you wish to participate in and follow his/her advice.

**If you answer NO to all the questions:**

If you answer NO honestly to all the Health Form questions, you can be reasonably sure that you can start becoming much more physically active, begin slowly and build up gradually. This is the safest and easiest way to go.

**Delay becoming more active:**

If you are not feeling well because of a temporary illness such as a cold or fever, wait until you feel better. If you are pregnant, talk to your doctor before becoming more active.

**Please note:** If your health changes so that you then answer YES to any of the questions, tell your health professional. Ask whether you should change your physical activity plan.

YES NO Has your doctor ever said that you have a heart condition, high blood pressure, or heart disease?

YES NO Has your doctor ever said that you should only do physical activity recommended by a doctor?

YES NO Do you feel pain in your chest when you do physical activity?

YES NO Do you lose your balance because of dizziness or do you ever lose consciousness?

YES NO Do you have a bone or joint problem that could be made worse by a change in your physical activity? (For example: arthritis, rotator cuff injury, joint replacement).

YES NO Is your doctor presently prescribing drugs for your blood pressure or a heart condition? (For example: water pills). If so, please indicate the name of the drug(s).

YES NO \_\_\_\_\_  
Do you know of any other reason why you should not do physical activity?

YES NO Do you have any other pre-existing illnesses, diseases or conditions that would prevent you from participating in physical activity?

**I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction.**

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

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

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

## ETHOS Tactical LLC Fingerprinting Services Fingerprinting Consent Form

I understand that I am requesting to undergo a state and national criminal history record check. This requires a set of fingerprints to be taken and electronically submitted to the Illinois State Police and Federal Bureau of Investigation for processing. This form is to be completed by the applicant seeking to have a Fee Applicant fingerprint-based criminal history record check completed in accordance with the Act. This form is designed to capture the necessary information required by live scan vendors to ensure the fingerprints are submitted properly. The live scan vendor will use the applicant information contained on the form to help determine the identification documentation provided by the applicant before the fingerprints are taken. This document also serves as a consent form. Consequently, the form must be signed by the applicant in order to authorize the release of any criminal history record information that may exist regarding the applicant.

Facility Information			
Agency Name: Ethos Tactical LLC Fingerprinting Services		Requesting Agency ORI Identifier: <b>ILL13365S</b>	
Cost Center: <b>5123</b>	Purpose Code: NSE	Request Type: State and FBI X	
Applicant Information			
Name:	Sex:	Race:	Date of Birth:
SSN:	Drivers License #:	Ht:	Wt:
Eye Color:	Hair Color:	Address:	
Phone Number:	E-Mail:	State of Birth:	
Privacy Statement			
I, the undersigned, hereby authorize the release of any criminal history record information that may exist regarding me from any agency, organization, institution, or entity having such information on file. I am aware and understand that my fingerprints may be retained and will be used to check the criminal history record information files of the Illinois State Police and/or the Federal Bureau of Investigation. I further understand that I have the right to challenge any information disseminated from these criminal justice agencies regarding me that may be inaccurate or incomplete.			
Applicant Consent			
Applicant Name (printed):			
Applicant Name (signature):		Date:	