



Teen Fitness Gym

Rules and Regulations

1. The health questionnaire and parental consent must be signed and completed and brought back before an Induction is carried out on the first Teen Fit session with a Parent/Guardian.
2. Teen fitness (Gym) is only for 12 – 15 year olds (proof of age can be requested)
3. Each Teen Fit member details and photo will be added to the computer system and a membership card (loyalty card) will be given. This needs to be handed to reception on each visit to book or check in if already booked to register for a teen fit session.
4. Personal belongings need to be placed in a locker at both facilities.

Lodge Park Sports Centre the Loyalty card is used as a locker token.

Corby International Pool you will need £1 deposit each visit for a wristband for lockers and access. This is refunded once wristband is returned after session to main reception. Lockers are located in the male and female changing rooms.

5. The first Session is an Induction on to the equipment to show what machines can and can't be used as part of Teen Fit.

Teen Fit can use all cardio machines (Treadmills, Bikes, Rowers, Cross Trainers, Elliptical, Stair Climbers, Arm Bikes) also Suspension Straps (TRX, Jungle Gym Straps) Plyometric Boxes, Skipping Ropes, Mats and Resistance Bands can be used for body weight exercises under the guidance of an instructor.

Teen Fit cannot use Free weights (dumbbells, kettlebells, plates, power bags) Resistance machines or cable machines; these will be explained and shown on the Induction at both sites.

6. Teen Fit is only available on selected days and times and we advise booking. Teen Fit can be pre booked and paid up to 8 days in advance as there are limited spaces in each session. Please note a 24 hr cancellation or refund policy applies.

7. Please book in at main reception for both sites before your Teen Fit sessions. This lets us know you have arrived. Bring your card and £1. (Please arrive no earlier than 10 minutes before your session as you are only allowed access for the designated times)
8. On arrival in the Gym please check in with the Gym Instructor. You must also wear the coloured wristband to show you are a teen fit member. The Session is supervised and there is always a Gym Instructor present in the Gym for help or advice.
9. Wear comfortable fitness/leisure clothing. Trainers and t-shirts must be worn at all times. No hats.
10. We advise you warm up gradually for 10 minutes at start of the session and cool down and stretch for 10 minutes at the end of the session. We can advise and help you.
11. Water is located in the Gym please keep yourself hydrated throughout your session.
12. When using the equipment you must use it properly as you have been Instructed (If in doubt please see the Gym Instructor we are happy to help you) and wipe the equipment down after use with the antibacterial spray and paper towel provided.
13. Please follow all instructions verbal or written by the Gym Instructors. We operate a 3 strike policy where if you have been told 3 times for mis-using the equipment, using machines that are not allowed, bad language, abusive, threatening behaviour or general mucking about the fitness manager will be informed and will contact your parent/guardian.

Name:D.O.B:.....

I agree that I have read the above rules and regulations and agree to follow them as a teen Fit member.

Signature Teen Fit Member:.....Date:.....

Parent/Guardian Signature:.....

Staff Signature:.....Staff Name:.....



Corby Health & Fitness Health Questionnaire

First Name:.....Surname:.....D.O.B:.....Age:.....

Address: Number & Street

Name:.....

Town:..... County:.....Post Code:.....

Email:

Mobile:

Home Tel:

Health Questions	YES	NO	Additional Comments
Do you have a disability?			
Visual			
Physical			
Learning			
Hearing			
Multiple Impairment			
Mental Health			
Do you have high blood pressure?			
Do you have a heart condition?			
Have you suffered a heart attack or had cardiac surgery (bypass/stent etc.) ?			
Do you suffer with Irregular heartbeat palpitations or shortness of breath?			
Have you ever had chest pain when at rest /activity? Please circle			
Have you ever suffered a Stroke?			
Have you ever suffered an Aneurism?			
Have you ever had Cancer?			

Do you have Epilepsy?			
Are you Diabetic?			
Do you suffer from any Respiratory Condition? Asthma/COPD/Other?			
Do you have any know Allergies?			
Do you suffer from any Joint problems or conditions?			
Have you had an operation in the last 12 months?			
Are you or have you recently been Pregnant?			
Do you suffer frequently from dizzy spells or fainting?			
Have you a hernia or previously had one?			
Do you Smoke?			
Are you currently taking regular activity?			

We need to know if you are on medication Please list these medications below.

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We advise talking to your doctor before you start becoming physically more active. If you have answered yes to any of the questions you may be required to obtain a letter from your doctor before starting your exercise programme. You may be able to do any activity you want as long as you build it up safely and gradually. Please discuss with your Doctor the type of activity you may wish to participate in.

Health and Fitness Agreement	Tick
I confirm that the answers to the above questions are to the best of my knowledge correct.	
I will inform the exercise professional should any of this information change at any time and complete a new health questionnaire.	
I do not know of any reason why I should not participate in physical activity.	
I acknowledge that there are risk and dangers inherent in embarking on any physical activity programme	

I agree to abide by the verbal / written instructions given to me by the fitness staff and will observe the rules / any written notice regarding safety whilst using the Fitness Facilities. The Fitness Facilities have equipment on varying floor height access and particular attention needs to be paid to safety notices / markings regarding change in floor heights, safe use of equipment and correct storage of weights and fitness equipment after use.	
I give permission for any of the information above to be given to any exercise professional who supervises any of my exercise programmes, on the understanding that the exercise professional treats it as confidential.	

Parent/Guardian of Teen Fitness Users Only Age 12 – 15years
Emergency Contact Name:
Emergency Contact Number :
Emergency Contact Address:
As a parent you need to check and acknowledge that the questions on the form are answered to the best of your knowledge and that you give parental/guardian permission for your child to participate in the Teen Fitness Sessions. Signature Parent/Guardian: _____ Date: . Print Name:.....

Signature (member) :Date:

Signature (Staff): Date: