

Application | Physical Activity Readiness Questionnaire | Activity Waiver



James City County Recreation Center ♦ Abram Frink Jr. Community Center

APPLICATION (PARENT'S INFORMATION IF APPLICANT IS UNDER 18)

TODAY'S DATE:		If ADA Accommodations are needed, please check here <input type="checkbox"/>	
NAME (FIRST, MIDDLE INITIAL, LAST):		DATE OF BIRTH:	
SPOUSE'S NAME (FIRST, MIDDLE INITIAL, LAST):		DATE OF BIRTH:	
PHYSICAL STREET ADDRESS:			
CITY:	STATE:	ZIP:	
EMAIL:			
PHONE (MAIN):		PHONE (ALTERNATE):	
<u>EMERGENCY CONTACT PERSON</u> NAME:		PHONE:	

CHILDREN (UNDER AGE 18)

NAME (FIRST, MIDDLE INITIAL, LAST):	DATE OF BIRTH:
NAME (FIRST, MIDDLE INITIAL, LAST):	DATE OF BIRTH:
NAME (FIRST, MIDDLE INITIAL, LAST):	DATE OF BIRTH:
NAME (FIRST, MIDDLE INITIAL, LAST):	DATE OF BIRTH:

PASS GUIDELINES AND REFUND POLICY

Pass(es) is/are personal to the patron(s) listed above. It/they cannot be reassigned or transferred. Patron(s) agree to abide by all Center rules and regulations. James City County Recreation Center and Abram Frink Jr. Community Center reserve the right to revoke access from patrons abusing rules, regulations and facilities. Access may only be canceled with written medical proof of injury, illness or disability, or relocation to a new permanent location beyond a 35-mile radius. (Note: Refund requests will be subject to a 10% processing fee unless otherwise approved by Administrator.)

DURABLE ASSUMPTION OF RISK AND RELEASE AGREEMENT

In agreeing to use the James City County Recreation Center and/or Abram Frink Jr. Community Centers as a pass holder, visitor or licensee, I affirm that my general health is good and that I am not adversely affected by exercise, and that I am capable of engaging in activities of a vigorous nature. In the event my good health or condition should change, I will refrain from engaging in potentially hazardous activities. I am aware of the possibility of accidental or other physical injury during the use of center facilities and/or participation in programs conducted at the Recreation/Community Centers by James City County, the City of Williamsburg and cosponsored programs with other agencies.

In consideration for using the James City County Recreation Center and/or Abram Frink Jr. Community Centers or participating in a sponsored activity, I do hereby hold harmless from any and all liability, actions, causes of action, claims and demand of every kind and nature whatsoever which I now have or which may arise of or in connection with my participation in activities or use of facilities at the James City County Recreation Center and/or Abram Frink Jr. Community Centers, their employees and staff. The terms hereof shall serve as a release and assumption of risk for my heirs, executors and administrators for all members of my family, including any minors.

I have read this Agreement and understand the activity in which I will be engaged. This Agreement constitutes an assumption of risk and release for any injury, damage, claim or liability which occurs prior to delivery of written notice to the James City County Department of Parks and Recreation Director canceling this Agreement. I have agreed to the conditions stated above.

Applicant's Signature (Parent's if applicant is under 18)

Spouse's Signature

FOR STAFF USE ONLY:	XPLOR RECREATION CO# _____	CSR INITIALS: _____
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CENTER ACTIVITY READINESS QUESTIONNAIRE (AGES 12 & OLDER)

Regular exercise is associated with many health benefits, yet any change of activity may increase the risk of injury. Completion of this questionnaire is a first when planning to increase the amount of physical activity in your life. Please read each question carefully and answer every question honestly.

- Has a physician ever said you have a heart condition and you should only do physical activity recommended by a physician?
- When you do physical activity, do you feel pain in your chest?
- When you were not doing physical activity, have you had chest pain in the past month?
- Do you ever lose consciousness or do you lose your balance because of dizziness?
- Do you have a joint or bone problem that may be made worse by a change in your physical activity?
- Is a physician currently prescribing medications for your blood pressure or heart condition?
- Are you pregnant?
- Do you have insulin dependent diabetes?
- Are you 69 years of age or older?
- Do you know of any other reason you should not exercise or increase your physical activity?

If you answered **YES** to any of the above questions, talk to your doctor **BEFORE** you become physically active. Tell your doctor your intent to exercise and to which questions you answered yes. If you honestly answered no to all questions you can be reasonably positive that you can safely increase your level of physical activity **gradually**. If your health changes so, you then answer yes to any of the above questions, and seek guidance from a physician.

I/We have read and understand the questionnaire. Any questions I/we had were answered to full satisfaction.

INITIALS _____ ADULT #1 INITIALS _____ ADULT #2 INITIALS _____ CHILD #1 INITIALS _____ CHILD #2 INITIALS _____ CHILD #3 INITIALS _____ CHILD #4

ACTIVITY PARTICIPATION WAIVER (ALL AGES)

Please read this form carefully and be aware that by initialing and signing this document you will be waiving and releasing all claims for injuries that you, or the listed dependents, may sustain while participating in activities offered or sponsored by James City County's Department of Parks and Recreation for a duration of no more or less than one year from the date of signature.

- A James City County facilities family pass is valid for up to two adults and their dependents, all of whom must be living in the same household. For purposes of the family pass, dependents shall include children under the age of 24, and any individual over whom a member of the household has legal guardianship. Proof of residency required.
- As a registered participant, or legal guardian of a registered participant, in any activity offered or sponsored by James City County's Department of Parks and Recreation, I recognize and acknowledge that there exist certain inherent risks of physical injury and I agree to assume the full risk of any injuries, including death, damages or loss which I, or the listed dependents, may sustain as a result of, or in any way connected with participating in any and all registered activities.
- I do hereby fully release and discharge James City County, its employees and agents from any and all claims from injury, including death, damages or loss which I, or the listed dependents, may have or incur as a registered participant in an activity offered or sponsored by James City County's Department of Parks and Recreation.
- I further agree to indemnify and hold harmless James City County, its employees and agents from and against any, and all, liability which may be suffered by myself or my listed dependent as a result of, or in any way connected with participation as a registrant in any and all activities offered or sponsored by James City County's Department of Parks and Recreation.
- I understand that once signed, this waiver agreement will expire one year from the signature date, whereupon a new form will be required to be completed for participation in future programs offered or sponsored by James City County's Department of Parks and Recreation requiring registration.
- I understand that participants in James City County Parks and Recreation programs may be photographed for promotional purposes.

INITIALS _____ ADULT #1 INITIALS _____ ADULT #2 INITIALS _____ CHILD #1 INITIALS _____ CHILD #2 INITIALS _____ CHILD #3 INITIALS _____ CHILD #4