



<b>Please Circle your Annual Household Income</b>	LESS THAN \$30,000	<b>\$75.00</b>
	LESS THAN \$40,000	<b>\$95.00</b>
	LESS THAN \$50,000	<b>\$115.00</b>
	LESS THAN \$60,000	<b>\$140.00</b>
	LESS THAN \$70,000	<b>\$170.00</b>
	OVER \$70,000	<b>\$200.00</b>

I have read the completed contract; understand the rules of the Boys & Girls Club of London and the Horton Street Seniors Centre (HSSC) and request that I, the undersigned be admitted into **membership / visitor**. I have ~~understood~~ **understood** the rules and agree that the Boys & Girls Club of London and HSSC will not be responsible for any accident to me on the premises or while engaged in any Club or HSSC related activities away from the Club.

I understand that participation in these programs involves light to vigorous activity and includes the possibility of injury. I grant program officials the authority to obtain emergency medical treatment as necessary to ensure that the undersigned is safe from further injury. I am aware of no physical or other reasons why the undersigned should not participate in Club or HSSC programs and related Club functions. The risk of sustaining injuries results from the nature of the activity and can occur without any fault of the Member, or the Club, its employees/agents or the facility where the activity is taking place.

By choosing to take part in this activity, I am accepting the risk that I, the undersigned, may be injured. The Boys and Girls Club of London and Horton Street Seniors Centre does not provide accidental death, disability, dismemberment or medical expense insurance on behalf of the participants in this activity. In consideration of the Boys & Girls Club of London and Horton Street Seniors Centre allowing myself to participate in programs, **I agree to waive and release Boys & Girls Club of London, the Releasee's own negligence (i.e a failure to take reasonable care).** I also acknowledge the importance of following Club and Centre rules, regulations and instructors directions.

Please Date & Sign: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day Month Year Please Sign Here

<b>FOR OFFICE USE ONLY</b>			
Amt. Paid: \$ _____	Paid By: Cash <input type="checkbox"/>	Cheque <input type="checkbox"/>	Debit <input type="checkbox"/> Visa / MC <input type="checkbox"/>
Receipt No.: _____	Date: _____	Received By : _____	

## **Horton Street Seniors' Centre Member Code of Conduct**

The Horton Street Seniors' Centre adheres to the Human Rights Code which states that “every person has a right to equal treatment with respect to services, goods, and facilities, without discrimination because of race, ancestry, place or origin, color, ethnic origin, citizenship, creed, sex, sexual orientation, age, marital status, family status or disability.

### **The following activities are NOT permitted in the facility or property of the Horton Street Seniors' Centre / Boys & Girls Club of London.**

1. Physically or verbally threatening or harassing any person, as defined in the Human Rights and Criminal Codes.
2. Defacing, damaging or destroying property in any area belonging to the Horton Street Seniors' Centre/Boys & Girls Club of London, its members, Visitors or Staff.
3. Possession or consumption of any illegal substance or alcohol, unless given allowance at an event/
4. Fighting or annoying other through noisy or boisterous activities, or in any other way creating a disturbance which is disruptive or dangerous to others in the recreation or business activities of the center.
5. Physical contact with or gestures to another person in an angry, threatening, sexual, or inappropriate manner will not be tolerated.
6. Posting or distribution of non Horton Street Seniors' flyers and notices without prior approval by the administration of the Centre.
7. Service animals are the only animals permitted in the facility, unless previous approval has been granted by the Administration of the Centre.

### **Members are expected to...**

1. Treat all Members, Visitors and Staff of the Centre with dignity and respect at all times.
2. Follow and respect all policies and procedures of the Centre.
3. Scan their membership cards upon entrance to the building and wear their red wrist bands while visiting the center.
4. Members must present their membership card when signing up for any trip, special event or program and when purchasing a parking pass or renewing their membership.
5. Members who use the parking lots are expected to purchase a parking pass and display their valid pass on their dashboard. It is not permissible to take out a membership and purchase a parking pass with the sole intention to utilize the parking facilities, but have business off site.
6. Notify the staff of any serious matters and not take matters into own hands.
7. Notify the center of any changes to personal information to ensure accurate and up to date records are kept.
8. Respect and honour the privacy, individuality and rights of other members

**NOTE:** Violations of the code and expectations as stated above may/will result in removal from the Horton Street Seniors' Centre and suspension or revocation of membership.

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Signature

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Date

# PAR-Q & YOU

(A Questionnaire for People Aged 15 to 69)

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 seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q 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.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. <b>Has your doctor ever said that you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor?</b>
<input type="checkbox"/>	<input type="checkbox"/>	2. <b>Do you feel pain in your chest when you do physical activity?</b>
<input type="checkbox"/>	<input type="checkbox"/>	3. <b>In the past month, have you had chest pain when you were not doing physical activity?</b>
<input type="checkbox"/>	<input type="checkbox"/>	4. <b>Do you lose your balance because of dizziness or do you ever lose consciousness?</b>
<input type="checkbox"/>	<input type="checkbox"/>	5. <b>Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?</b>
<input type="checkbox"/>	<input type="checkbox"/>	6. <b>Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?</b>
<input type="checkbox"/>	<input type="checkbox"/>	7. <b>Do you know of <u>any other reason</u> why you should not do physical activity?</b>

If  
you  
answered

## YES to one or more questions

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

- 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 which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

## NO to all questions

If you answered NO honestly to all PAR-Q 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.
- take part in a fitness appraisal — this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

### DELAY BECOMING MUCH MORE ACTIVE:

- if you are not feeling well because of a temporary illness such as a cold or a fever — wait until you feel better; or
- if you are or may be pregnant — talk to your doctor before you start becoming more active.

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

**Informed Use of the PAR-Q:** The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

**No changes permitted. You are encouraged to photocopy the PAR-Q but only if you use the entire form.**

NOTE: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

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

NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE OF PARENT \_\_\_\_\_

WITNESS \_\_\_\_\_

or GUARDIAN (for participants under the age of majority)

**Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.**



## Vitality Plus Scale

This scale looks at how you are **currently feeling**. For each statement, circle a number from 1 to 5 that best describes you. For example, if you usually fall asleep quickly then you want to circle (5). Otherwise, circle a number from 1 to 4, depending on how much difficulty you usually have falling asleep.

Takes a long time to fall asleep	1   2   3   4   5	Fall asleep quickly
Sleep poorly	1   2   3   4   5	Sleep well
Tired or drowsy during the day	1   2   3   4   5	Feel rested
Rarely hungry	1   2   3   4   5	Excellent appetite
Often Constipated	1   2   3   4   5	Do not get constipated
Often have aches & pains	1   2   3   4   5	Have no aches & pains
Low energy level	1   2   3   4   5	Full of pep & energy
Often stiff in the morning	1   2   3   4   5	Not stiff in the morning
Often restless or agitated	1   2   3   4   5	Feel relaxed
Often do not feel good	1   2   3   4   5	Feel good

**This form is 100% CONFIDENTIAL, it is removed from your membership application and given to the Seniors Program Manager. It is ONLY used for statistical purposes. We ask that you only sign the date and do not sign your name.**

**Date:** \_\_\_\_\_