

Copeland Community Center

Physician Statement and Clearance Form

Personal Information

Name _____
Address _____
City _____ State _____ Postal Code _____
Home Phone _____ Work Phone _____ Mobile Phone _____
Date of Birth _____ Gender _____ (M/F) Email Address _____

Physician Information

Physician Name _____
Address _____
City _____ State _____ Postal Code _____
Phone Number _____ FAX Number _____ Email Address _____

Emergency Contact Information

In case of emergency contact _____ Relationship _____
Address _____
City _____ State _____ Postal Code _____
Home Phone _____ Work Phone _____ Cell Phone / Pager _____

Account Type & Billing Information

- Couple memberships are for 2 individuals living in the same household, each must complete their own membership packet.
- Family memberships are for immediate family members (3 or more) living in the same household; each must complete their own membership packets.
- ACV members are not required to pay additional fees in order to use Copeland Community Center.

Single Membership **Couple Membership** **Family Membership**
 ACV Member **ACV Employee** **Community (Non ACV)**

- ACV Employees and Community Members are required to pay membership dues, if applicable please select how often you wish to be billed below.

Monthly Quarterly

- If you selected a couple or family membership please lists the names and ages of the individuals who will also be included in the membership in the spaces below.

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Cancellation Policy

- If you choose to no longer be a member of the Copeland Community Center or will be out of town for a number of months, you must complete and sign the Cancellation Form. Cancellation forms are available at the front desk. If membership dues are not paid by the 10th of the month, your membership will be automatically cancelled.
- Upon cancellation, members will no longer be responsible for future Copeland Community Center monthly dues. However, all balances due to the Copeland Community Center prior to the cancellation still remain the member's responsibility.
- Reactivation for memberships that have been cancelled for six months or longer may require a new health history questionnaire and / or possibly a doctor's approval.
- The effective date of cancellation as listed on the cancellation form must provide advance notice of membership cancellation.
- ACV employees who are having their dues paid via payroll deduction must complete their cancellation form, at least seven (7) days prior to the next pay period.

I attest the above information is true and factual. I have read, understand, and will abide by the above written Cancellation Policy as well as the Copeland Community Center Policies and Guidelines. I also understand that the Copeland Community Center reserves the right to change Policies at their discretion.

Signature of Member

Date

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Name _____ Phone _____ Date _____

Address _____

Please read the following health history questionnaire carefully and mark the most appropriate answer to each question. If you are unsure about a question, just circle it and go on to the next question.

YES NO

- | | | |
|-------|-------|---------------------------------------------------------------|
| _____ | _____ | 1. Has a doctor ever told you that you have heart disease? |
| _____ | _____ | 2. Have you ever had a heart attack? |
| _____ | _____ | 3. Has a doctor ever told you that you have high cholesterol? |
| _____ | _____ | 4. Have you had heart surgery? |
| _____ | _____ | 5. Do you have a cardiac pacemaker? |
| _____ | _____ | 6. Do you have high blood pressure? |
| _____ | _____ | 7. Have you ever had a stroke? |
| _____ | _____ | 8. Do you have diabetes? |
| _____ | _____ | 9. Do you take insulin for diabetes? |
| _____ | _____ | 10. Have you had carotid artery surgery or an endarterectomy? |
| _____ | _____ | 11. Do you have a heart valve problem? |
| _____ | _____ | 12. Has a doctor ever told you that you have an aneurysm? |
| _____ | _____ | 13. Have you ever had heart failure? |
| _____ | _____ | 14. Has a doctor ever told you that you have an abnormal EKG? |
| _____ | _____ | 15. Do you have any incontinence problems? |

Have you ever had, or do you now have, any of the following conditions?

YES NO

- | | | |
|-------|-------|---------------------------------------|
| _____ | _____ | 16. Rheumatic fever |
| _____ | _____ | 17. Asthma |
| _____ | _____ | 18. Chronic bronchitis |
| _____ | _____ | 19. Emphysema |
| _____ | _____ | 20. Varicose veins |
| _____ | _____ | 21. Phlebitis |
| _____ | _____ | 22. Arthritis |
| _____ | _____ | 23. Rheumatism |
| _____ | _____ | 24. Gout |
| _____ | _____ | 25. Gastrointestinal problems |
| _____ | _____ | 26. Epilepsy or seizures |
| _____ | _____ | 27. Dizziness or fainting spells |
| _____ | _____ | 28. Loss of memory |
| _____ | _____ | 29. Anemia |
| _____ | _____ | 30. Chronic back pain |
| _____ | _____ | 31. Kidney or bladder problems |
| _____ | _____ | 32. Nervous systems problems |
| _____ | _____ | 33. Visual or hearing problems |
| _____ | _____ | 34. Hepatitis or other liver diseases |
| _____ | _____ | 35. Gall bladder problems |

Continued on the back....

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- ____ 36. Thyroid problems
____ 37. Cancer or tumors
____ 38. Do you sometimes lose urine when you cough, sneeze, or laugh?
____ 39. Any other major illness or surgery? If yes, please explain: _____
____ 40. Are you allergic to any medication? If yes, please list: _____

SMOKING

YES NO

- ____ 42. Have you ever smoked? If no, skip to DIET
____ 43. Do you smoke now? If yes, how many cigarettes per day? _____. For how many years? ____
____ 44. If no, when did you quit? ____

DIET

- ____ 45. What do you consider a good weight for yourself? ____ lbs.
____ 46. What do you weigh now? ____ lbs.
____ 47. What is the most you have ever weighed? ____ lbs.
____ 48. Do you drink alcoholic beverages? ____ yes ____ no

FAMILY HEALTH HISTORY

Have any of your blood relatives (your parents, brothers, sisters, uncles, aunts, cousins, or children ever had:

YES NO

- ____ 49. Heart Attack
____ 50. High blood pressure
____ 51. Stroke
____ 52. Diabetes
____ 53. High cholesterol

Additional comments concerning your personal or family health history: _____

PHYSICAL ACTIVITY

54. Does your job require sustained physical activity? ____ Yes ____ No ____ Not employed
If yes, please describe type of activity? _____
55. How would you rate your physical fitness?

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Patient Name _____ [] **Does have** my permission to participate
[] **Does not have** my permission to participate

Based on information regarding the exercise programs being offered, I recommend:

- [] Patient may participate in general group or individual exercise programs **with no restrictions.**
[] Patient may participate in general group or individual exercise programs **with the following restrictions:**

Special instructions or indicated activities _____

Contraindications to any activities _____

 _____
Physician Signature **Date**

Physician Printed Name _____
Address _____
City _____ State _____ Postal Code _____
Phone Number _____ FAX Number _____
IPIN Number _____ State License Number _____



Copeland Community Center

Membership Application

To: _____ **FAX Number:** _____

From: David Burch, Director
Copeland Community Center

FAX Number (386) 658 - 5600
Phone Number (386) 658 - 5555

RE: Participation in an exercise program for _____

The Advent Christian Village is offering exercise programs through the Copeland Community Center, a 14,000 sq. foot recreational facility. Your patient has indicated a desire to start an exercise program at the Copeland Community Center. We currently offer the following services:

- Aquatic exercise, lap swimming, aerobic exercise equipment, strength training equipment, and recreational activities. Individuals can work out on their own, or in a group setting.
- The Advent Christian Village also offers a complete line of therapy services through the Copeland Medical Clinic. These services include physical therapy, occupational therapy, and speech therapy. If you feel your patient's condition requires them to exercise under the supervision of a therapist prior to moving on to an individual or group exercise program, please contact our therapy department at 386-658-5865.

Males over 40 and females over 50 years of age, or those younger but at risk individuals, require a physician clearance before an individual can start an exercise program.

Based on the information your patient has given us, physician clearance is required before he or she can start an exercise program. Please complete and sign the following physician clearance form and indicate if his or her medical condition warrants any special guidelines, indicated activities, or contraindications to any activities.

You may give this form to your patient, or fax it directly to the Copeland Center at (386) 658-5600. Please don't hesitate to call our Director, David Burch, at (386) 658-5555 if you have any further questions about our

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Copeland Community Center

Membership Application

POLICIES & PROCEDURES

MEMBERSHIP

CCC membership is open to residents, guests of the Village, ACV employees with their immediate families, and to residents of the neighboring communities. Membership includes use of the pool, Jacuzzi, exercise equipment, billiard room, and outdoor recreational facilities.

All applicants must complete the application process. This process includes an interview, membership application, health history questionnaire, consent & release of liability form, physician clearance / Rx (when applicable), review of the facility policies and procedures, and orientation to all exercise equipment.

MEMBERSHIP PROGRAM

A membership program includes aquatic exercise, lap swimming, aerobic exercise equipment, strength training equipment, and recreational activities. Individuals can work out on their own, or in a group setting. Males over 40 and females over 50 years of age, or those younger but at risk, require a physician clearance before starting an exercise program.

MEMBERSHIP DUES

Member of ACV: Fees included in monthly village membership dues.

Employee of ACV:	Single Membership	<u>Monthly</u> \$16.00
	Couple Membership	\$21.00
	Family Membership	\$26.00

Community Member: (Non-ACV Member / Non-ACV Employee)

	<u>1 month</u>	<u>3 month</u>
Single	\$48.00	\$130.00
Couple	\$80.00	\$215.00
Family	\$101.00	\$275.00

REINSTATING A MEMBERSHIP

Any former member of the Copeland Community Center who has the proper cancellation form in their file folder may reactivate a membership. See Below.

MEMBERSHIP CANCELLATION

This policy is for Employee and Community (non-ACV) members. If you choose to no longer be a member of the CCC or will be out of town for a number of months, you must complete and sign the Cancellation Form. This form is available at the receptionist's desk. Upon cancellation, members will no longer be responsible for future CCC monthly dues. However, all balances due CCC prior to cancellation still remain the member's responsibility. There is no refund of membership dues paid prior to cancellation.

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Reactivation for memberships that have been cancelled for six months or longer may require a new health history and / or possibly a doctor's approval.

The effective date of cancellation as listed on the Cancellation Form must provide advance notice. For members who are ACV employees and are having their membership dues payroll deducted, the cancellation date on the Cancellation Form must be at a minimum the date of the Friday prior to the next pay day.

HOURS OF OPERATION

6:00 am – 5:00 pm	Monday-Friday
9:00 am - noon	Saturday
Closed	Sunday

All CCC participants are expected to observe general safety precautions, to adhere to the facility policies and procedures, and to recognize that utilization of all facilities and equipment is at their own risk. Policies and procedures and hours of operation may be adjusted as needed. Notification of changes will be posted at the CCC front desk within a timely manner prior to the effective date of change.

HOLIDAYS

The CCC will be closed on the following holidays: New Year's Day, Memorial Day, July 4th, Labor Day, Thanksgiving Day, and Christmas day, and other announced days as determined by the Center's management.

Pool Shock

There will be a routine pool shock scheduled every three months. This will usually occur during the third week of the month. Other pool shocks may be scheduled as needed. CCC members will be notified of the shock as soon as possible.

GUESTS AT THE COPELAND COMMUNITY CENTER:

- **Out-of-town guests:** We welcome out-of-town guests of our ACV residents, and CCC members to the Copeland Community Center and invite them to utilize our fine facility. Charge per daily pass is \$3.00 per person over the age of 5 years. Advent Christian Village members may have unlimited guests per month. Copeland Members who are ACV Employees or Community members (non-ACV residents) may have up to 5 guest visits per month at \$3.00 per daily visit. If the guest is visiting for an extended period of time, it would be more economical to purchase a monthly pass at \$44.00/person. The CCC member or ACV resident must accompany all guests, unless the ACV resident is physically unable. In such case, the ACV resident is required to telephone the CCC and give advance notice of guest's arrival.
- **Complimentary one-time guest pass:** A local resident, ACV employee, or ACV resident may have a one-time complimentary guest pass if they have never been a Copeland Member and are considering joining the Copeland Center in the near future. They may come as a guest of a current CCC member. The

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Copeland member must accompany the guest for the duration of the visit, and complete a Guest Agreement form before using the facility.

- **Guests of the ACV Lodging Facilities:** Guests of the Village lodging facilities may purchase daily passes at the receptionist's desk at Copeland. The standard daily guest fee is \$3.00 per person. If the guest is visiting for an extended period of time, it would be more economical to purchase a monthly pass at \$44.00/person. Please bring a Village Lodge identification pass with you when you visit, which can be picked up at the check in counter of the Lodge. No charge for children ages 5 and under.

NOTE: All guests must register at the CCC front desk upon arrival, sign a Guest Agreement / Release of Liability form, and pay guest fees prior to using the facility or participating in any class or activity.

OPERATIONAL PROCEDURES

One of the primary goals of the CCC is to provide a safe program; therefore it is necessary for all to adhere to the following guidelines. All members who participate in an exercise program must complete the initial application and screening process prior to initiating an exercise program. All members must complete orientation to the safety and proper use of the equipment, pool, and Jacuzzi prior to use of the facility.

CHILDREN

There is no charge for children age 5 and under.

A parent or legal guardian must accompany all children under 18 who are listed on an employee membership.

The supervising adult must remain in the immediate area with children under his / her responsibility.

Children under 13 are not permitted to be on any of the exercise equipment.

No children under age 5 are allowed in the Jacuzzi.

Children who are not potty trained are not allowed in the pool.

POOL / JACUZZI

The Pool is designed for exercise and therapy. Jumping from the side, diving, running or "horseplay" is not permitted. There is NO lifeguard on duty.

The following health conditions must be followed: No open sores, wounds, or skin lesions. This includes draining or non-draining wounds. Any break in the skin is considered a sore.

No one should use the pool or Jacuzzi with the following conditions: yeast infection, urinary tract infection, vomiting and / or diarrhea within the last 24 hours, bladder or bowel incontinence, or communicable disease.

A shower is required prior to use of the pool or Jacuzzi and highly recommended after use of the pool.

The pool is available for open swim when not designated for lap swimming and class times. Class times are for participants only. Please do not enter the pool until the class is finished. Check the Copeland Center monthly calendar for our pool schedule.

In order to insure the safety of our members, pool or deck shoes are required while walking in the pool area.

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An adult must be available to supervise anyone under 16 years of age in the pool and MUST remain in the immediate pool area at all times.

Disposable diapers are not allowed in the pool.

The Jacuzzi water temperature ranges from 100 – 110 degrees. Therefore, for your health's sake, you should not occupy the Jacuzzi for more than 15 minutes. If air jet is used, please remember to turn it off after you exit.

Capacity for the Jacuzzi is three (3) persons at one time.

Pool capacity is 23 persons.

Lockers are available. Personal lockers may be used during the time that you are in the facility.

Please bring your own towel. The Copeland Community Center will not provide swimming towels for its guests.

The chair lift is to be operated only by designated personnel who have been instructed in safety and proper operation of the chair.

No wet swimwear is allowed beyond the pool area, inside the facility.

All swimmers will be asked to get out of the pool during a thunderstorm when lightening is present.

FITNESS EQUIPMENT ROOM

The fitness equipment room is always open during the hours of operation

Orientation to the safety and proper use of equipment is required prior to use.

No wet swimwear, food, or drinks are permitted in the equipment room. Water in a closed container is permissible.

Children under 13 are not permitted to be on any of the exercise equipment.

The exercise equipment is designed for adult use. A child age 13 – 15 may work out in the exercise room only if accompanied by a parent or supervising adult. However, caution should be taken on the amount of weight, range of motion on weight machines, and intensity level of the treadmill.

Hand towels are provided to wipe down the seat pads, handgrips and cardiovascular equipment after use.

A shirt and soft-soled, closed toe shoes must be worn when using the equipment room.

TENNIS COURT

A member may reserve the tennis court for one (1) hour period. The playtime may be continued if there are no reservations waiting to use the court. Reservations are made at the CCC front desk.

Players will need to provide their own tennis rackets and balls.

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Court lights for night time playing are on a timer switch located on exterior wall of the tennis court restroom building.

SHUFFLEBOARD / HORSESHOES COURTS

A member may reserve the shuffleboard court for a two (2) hour period. The horseshoe court may be reserved for a one (1) hour period. Playtime may be continued if there are no reservations waiting to use the court. Reservations are made at the CCC front desk.

The equipment for both shuffleboard and horseshoes is stored in a locked cabinet at the shuffleboard court area. The member may check out the key to the storage room at the CCC front desk. The member is responsible for returning the equipment to the storage room in proper order, locking the room and returning the key to the CCC front desk.

BILLIARDS

There is a one-hour limit for billiards. Children under the age of 16 are not permitted to use the billiard table or its equipment.

NATURE TRAIL

The 2.5-mile nature trail running from the Village to the Copeland Center may be used at any time. There are no fees, and Copeland Center guest passes are not necessary. The narrow trails are suitable for hiking and biking. Bikers, please give hikers the right of way. The wider trails may also be used for cycling or for golf cart use. There is also a Blue Loop Walking Trail. This trail starts and ends at Copeland, and is approximately 1.25 miles.

LOST AND FOUND

Lost and found items are kept at the CCC front desk. Items not claimed will be sent to the Twice Nice Shop. CCC is not responsible for lost or stolen items. However, every effort will be made to help members retrieve lost items.

SMOKING AND ALCOHOLIC BEVERAGES

Smoking and alcoholic beverages are strictly prohibited in all CCC facilities.

INJURY OR ILLNESS

If you should receive an injury or become ill while in the facility, please notify immediately a CCC staff member or volunteer on duty.

CONDUCT

The CCC staff will strive to provide a professional, enjoyable atmosphere for our members. We will do our best to motivate our members and encourage them to motivate each other. We request that our members treat each other and the staff with respect and courtesy. We reserve the right to ask members to alter their

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behavior if it is deemed inappropriate. Specific complaints will be handled on an individual basis.

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