

N O R T H A M P T O N
Senior Services



67 Conz Street
Northampton, MA 01060
Director: Marie Westburg
Assistant Director: Kim Park

Dear Prospective Member,

Thank you for your interest in the Northampton Senior Fitness Center.

The Fitness Center operates from 8:00am –5:00 pm, Monday through Friday. Tuesday and Thursday 8:00AM-7:00PM. Saturday 8:00AM-12:00 AM.

Enclosed you will find information on membership opportunities for the Fitness Center as well as important information on membership policies. Memberships are available to Northampton Seniors age 60+, Northampton residents ages 55-59 and non-Northampton Seniors 60+ years.

All new members are required to have an orientation to the Fitness Center on the 23 pieces of strength training and cardio equipment to ensure the safety of the participant and the care of the equipment. Once you have completed your paperwork you will be called to schedule an appointment to be oriented on the use of the equipment. If you have been a previous member of the Fitness Center, but it has been **over eight months** since you've been in, you will need to complete all new paperwork and have an orientation on the equipment.

- **New Members are required to pay two months of Fitness Center membership fees upon orientation**

Thank you for your interest in our Fitness Center.
We believe you will have fun while at the same time maintaining a healthy routine in your day!

Fitness Center Information

Membership Fee for a Northampton Senior (60+) \$10 per month

Members may pay for any number of months

Membership Fee for a Northampton Participant (55-59) \$15 per month

Members may pay for any number of months. Cost will be adjusted for month participant turns 60.

Membership Fee for a non-Northampton Senior (60+) \$15 per month

Limited to 25 non-Northampton Senior participants.
Availability reviewed on an ongoing basis.

Important Payment Information

- Your first months' payment will be an adjusted portion of the monthly cost stated above. However, if you join on the first week of the month, payment for the entire month is due. Thereafter, monthly payments will be due on or before the 1st of every month
- We do not pro-rate memberships for time you are away for any reason.
- Your Health Insurance provider may pay for all or some of the cost of your membership to the Fitness Center. Check with your provider to see if they offer this benefit. When paying for your monthly fee, a receipt will be issued. Please keep this receipt for insurance purposes. If requested, an official accounting on letterhead will be furnished. Expect up to 5 to 10 days for this certificate to be provided.
- Make checks payable to the **Northampton Senior Services**.

Benefits of Membership

Members will have an orientation based on their physician-approved equipment and will also have access to lockers for the storage of personal items during their workouts. The Senior Services is not responsible for lost, stolen or unattended personal items. Members will enjoy a non-judgmental environment and free parking.

Northampton Senior Fitness Center process to join

1. Carefully read and complete all forms. Physician's sign-off form may be faxed to NCOA 413-587-1233. Please note that the Senior Center operates it as a Fitness Center and not as a Rehabilitation Center.
2. Return completed forms only to Senior Center. Please keep informational forms for your files.
3. Forms will be reviewed. If all forms are complete, including the Physician's form, you will receive a phone call from the Senior Center to schedule an orientation appointment.
4. If we receive your Physician's form by fax or mail, we will contact you to let you know.
5. The membership fee is due prior to your orientation. **A Senior Center scan card is required to sign in.** Please request a scan card at the reception desk. Your orientation will last 45 minutes to an hour. During the orientation, your machine settings will be determined and suggested starting weights, times, etc. will be discussed. Please ask questions!
6. There is a Fitness Center staff person on duty for limited hours most days for orientations and review. Please check the hours at the reception desk as they may change week to week. Current members using the fitness center are also a great resource if you forget how to adjust a seat or set your weights.

This information is confidential and will be used only by appropriate COA staff

Name: _____ D.O.B. _____ Sex: M / F / Unspecified
Main phone : _____

Address: _____ City, State and zip: _____

Emergency Contact: _____ Relationship: _____

Address: _____ Phone: _____

Doctor's name: _____ Phone: _____

Please check any of the following disease and or conditions you've had in past or are receiving treatment for:

- | | | |
|-----------------------------------------------------------|----------------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> *Heart Disease | <input type="checkbox"/> Dizziness | <input type="checkbox"/> Back pain |
| <input type="checkbox"/> *High Blood Pressure | <input type="checkbox"/> MS or movement disorder | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> * Irregular heartbeat | <input type="checkbox"/> Arthritis (osteo or rheumatoid) | <input type="checkbox"/> TB |
| <input type="checkbox"/> *Stroke | <input type="checkbox"/> Joint pain | <input type="checkbox"/> Low vision |
| <input type="checkbox"/> *Breathing issues (asthma, COPD) | <input type="checkbox"/> Where _____ | <input type="checkbox"/> Hearing difficulty |
| <input type="checkbox"/> * Hepatitis Type _____ | <input type="checkbox"/> Muscle pain | <input type="checkbox"/> Poor memory |
| <input type="checkbox"/> *Diabetes | <input type="checkbox"/> Where _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Loss of Balance | | |

Are starred (*) conditions controlled? Yes ___ No ___

If NO, please

explain: _____

Have you ever experienced any of the following during physical activity:

Shortness of breath, tightness in chest, lightheadedness, heart palpitations, shooting pain down arm, or jaw pain? Yes ___ No ___

How often do you exercise?

What do you do for exercise?

When was the last time you exercised?

Fitness Center
Participant's Agreement with the City of Northampton

I, _____, hereby acknowledge that the activities offered through the Northampton Council on Aging can be strenuous and have the capacity to exacerbate existing conditions, to cause injury or death. I hereby certify that I do not suffer from any condition which would preclude me from engaging in the activities of the Northampton Council on Aging and that my answers to the questions set forth are true, complete and accurate. I have been advised to seek the advice of my physician to ascertain whether or not I should participate in the programs offered by the Northampton Council on Aging, and to the extent that I have so inquired of my physician, I have been cleared to participate. In consideration of allowing me to participate in the programs offered by the Northampton Council on Aging, I hereby release and forever discharge the City of Northampton, its' employees, agents and officials of and from any liability for any personal injury or death that I may suffer arising out of my participation in a program. I further covenant that I shall not sue and that I shall not suffer or permit any suits on my behalf to be filed for any claims arising out of my participation in the programs offered by the Northampton Council on Aging. This agreement shall be binding on my heirs, assigns, executors, administrators, and other representatives.

_____ *Signature/ Date*

Fitness Center Policies & Agreement

- Members must obtain a Senior Center scan card to sign in and schedule an appointment for an orientation to the Fitness Center and the 16 pieces of strength training and cardio equipment.
- If you have been a previous member of the Fitness Center but it has been over 8 months since you have participated, you must submit new forms:

--Fitness Center Policies & Agreement

--Participant's Agreement with the City of Northampton

--Health Questionnaire

--Physician's authorization

--Lockers with locks are provided for member use while in facility

- Please refrain from wearing strongly scented lotions, colognes or aftershaves in the Fitness Center.
- **Clean, appropriate footwear is to be worn during exercise. The shoes you wear to the Senior Center should not be worn in the Fitness Center. Athletic shoes are required. No boots or open toe or back shoes are allowed. This is a year-round requirement.**
- The NCOA is not responsible for members' personal possessions such as wallets, keys or jewelry. Please leave valuables at home. Lockers with keys are available for your convenience to use during your exercise workout.
- Beverages must be in a closed plastic container only. No food products in the Fitness Center.
- Members are responsible to wipe down equipment after use with towels and cleaners provided.
- **Members should be flexible with their exercise routine. Cardio equipment such as the bicycles, treadmills, elliptical trainers and ergometers should not be used for more than the default time (20 minutes) during peak Fitness Center hours. Peak hours are considered to be, but not limited to, Mon., Wed., and Fri. from 8:15am to 11:00am. If you are waiting for a cardio machine, let the person using it know you are waiting for it. Members who willingly monopolize cardio equipment may have their membership revoked.**
- Members should adhere to the Senior Center Code of Conduct. Membership fees are to be paid in advance of using the Fitness Center. Nonpayment or non renewal means a participant does not have access to the Fitness Center.
- Personal trainers, physical or occupational therapists are not permitted to accompany a member in the Fitness Center.

By signing below I agree to abide by the above policies for the Fitness Center.

Signature _____ Date _____

Print Name _____

Informed Consent for Fitness Center

To the best of my knowledge, I am healthy and able to use cardio equipment and/or weight lifting machines. I understand and confirm that I will choose the level of activity that will not harm me.

I hereby release the NCOA, City of Northampton, its agencies and its officers, employees or agents from any liability for my personal injury or otherwise, arising out of or in any way connected to my participation in this exercise program.

Signature: _____ Date: _____

Printed name: _____

Address: _____ Phone: _____

Yes No Has your doctor ever said that you have a heart condition and 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 In the past month, have you had chest pain when you were not doing physical activity?

Yes No Do you lose your balance because of dizziness or do you ever lose consciousness?

Yes No Do you experience dizziness or light-headedness when exercising?

Yes No Do you have a bone or joint problem that could be made worse by a change in your physical activity, or have you had a hip or knee replacement?

Yes No Is your doctor currently prescribing drugs (i.e. water pills) for blood pressure or a heart condition?

Yes No Do you know of any other reason why you should not do physical activity?

In case of any questions or concerns, then MEDICAL CLEARANCE IS REQUIRED BEFORE an individual can register for the exercise program

PHYSICIAN'S SIGN-OFF FORM

Physician: Please **check** which weight training machines and cardio equipment the potential exerciser **can or cannot** use: Refer to diagrams on attached pages for more information.

Name of patient: _____

Tel. _____ Address: _____

City/Town _____ Zip Code: _____

Northampton Senior Center Fitness Equipment

	<u>Yes</u>	<u>No</u>
Treadmill	_____	_____
Elliptical	_____	_____
Recumbent Bike	_____	_____
Upright Bike	_____	_____
Ergometer (wheelchair accessible)	_____	_____
Chest Press	_____	_____
Shoulder Press	_____	_____
Lateral Pull-down	_____	_____
Arm Curl	_____	_____
Triceps Extension	_____	_____
Leg Press	_____	_____
Abdominal Machine	_____	_____
Back Extension	_____	_____
Recumbent Stepper	_____	_____
Functional Trainer	_____	_____

My patient, named above, has no current unstable medical problems that would prohibit his or her participation in exercise incorporating the above approved weight lifting and cardio equipment.

Physician (print or stamp name) _____

Physician's signature _____ Date _____

Cardio Equipment

All cardio equipment is outfitted with integrated contact heart rate monitors. Large easy to read monitors deliver various options including time, speed, distance, calories and target heart rate.

All cardio equipment has a 400 pound weight capacity.



Treadmill

- Extended deck and extended arms aid in mounting and dismounting while providing more support during workouts.
- Large emergency shut-off button also attaches to the user.



Elliptical

- 21" stride accommodates all body sizes for a comfortable, efficient and natural workout.



Recumbent Cycle

- Ergo Form(TM) seat and back pad for additional support.
- Step-through entry for easy mounting.
- Low-watt starting workload is ideal for beginning, rehab, or deconditioned users.



Upright Cycle

- Standard and race-inspired handles feature contoured elbow rests for comfort and enhanced ergonomics.
- Low-watt starting workload is ideal for beginning, rehab, or deconditioned users.



Upper Body Ergometer

- Standing or seated upper body work in both forward and reverse directions.
- Fully wheelchair compatible.
- The fluid technology variable resistance system uses a twin-chamber tank. Rotating paddles act on water in the outer chamber to provide resistance.

Weight Machines

- All weight machines have a minimum starting weight of 10 lbs. Weights may be added in 2 1/2 or 5 lb. increments.



Chest Press

- Primary muscles: Pectoral.
- Pressing arm adjusts so users can determine their own range of motion. Overhead pivot provides a more natural pattern when compared to lower pivoting units.
- Oversized dual hand grips provide greater comfort and variety.
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Shoulder Press

- Primary muscles: Medial and posterior deltoids.
- Pressing arm includes both bar and neutral grips for user's individual preference or anatomical limitations.
- Range of motion is adjusted with the use of the seat position.
- Oversized handgrips provide greater comfort and variety.
- Counterbalanced pressing arm lets deconditioned users develop overhead lifting strength.



Lateral Pull Down

- Primary muscles: Lats.
- Thigh pads easily adjust to provide both stability and comfort.
- Straight bar with angled ends ensures correct arm and wrist position throughout the entire range-of-motion.
- Adaptable for standing triceps press exercise.



Arm Curl

- Primary muscles: Biceps.
- Arm pad is angled for stability, and limits unwanted shoulder movement during exercise.
- Pivot is positioned for proper alignment.
- Angled hand grips reduce the incidence of wrist strain.



Triceps Extension

- Primary muscles: Triceps.
- Seat and upper-arm pads are angled to enhance user stability during the exercise.
- Handle pivots to automatically adjust for varying forearm lengths and mistakes made during exercise setup.
- Axis of alignment is clearly marked to encourage correct alignment.



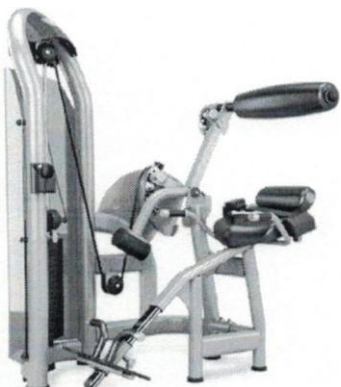
Leg Press

- Primary muscles: Quadriceps, hamstrings and gluteals.
- Four-bar linkage enhances alignment and provides variable resistance.
- Arcing path of motion is a more natural motion, decreasing the detrimental forces at the knee.
- Large non-skid footplate accommodates varying goals and users of all sizes.
- Adaptable for gastrocnemius and soleus exercise.



Ab Machine

- Primary muscles: Upper abdominals.
- Chest pad with contoured edges and hand grips are configured for user comfort.
- Adjustable pressing arm allows users to determine their own starting positions.



Back Extension

- Primary muscles: Erector spinae.
- Adjustable non-skid footrests provide secure and proper positioning.
- Pivot position promotes the coordinated function of the hip and lower back muscles.
- Lower back reference pad enhances alignment.



Recumbent Stepper

- It features low starting resistance.
- Direct wheelchair access.
- Adjustable arm length and handle angle.
- Works out your Upper and Lower Body.



Functional Trainer

- Multijoint, multimuscle exercises. Instead of only moving the elbows, for example, a functional exercise might involve the elbows, shoulders, spine, hips, knees and ankles. This type of training, properly applied, can make everyday activities easier, reduce your risk of injury and improve your quality of life.
- Improve balance, agility and muscle strength, and reduce the risk of falls.