

## FITNESS CENTER HOURS

5:00 A.M. - 7:45 A.M.

+  
4:30 - 10:00 P.M.

# UNDERWOOD COMMUNITY SCHOOL DISTRICT HIGH SCHOOL FITNESS CENTER RULES

1. Minimum of two people in the fitness room if using weights. (At least one must be an adult.)
2. Workout shoes must be clean.
3. Rack all weights, pick up after yourself, and wipe down all equipment you have used.
4. Always call for a spotter when lifting weights.
5. Water is permissible in the weight room, NO other beverages or food.
6. Must have proper attire (e.g., shirts on, shoes, etc.).
7. Report any problems to school officials.
8. Use equipment for its intended purpose.
9. Please turn off lights, stereo, and monitors if you are the last one to leave. Also, make sure all doors are shut and locked.
10. Adult supervision is required when children are present.

**PLEASE RESPECT OUR FACILITY  
MAKE SAFETY A TOP PRIORITY**

I have read these rules and will adhere to them.

Signature: \_\_\_\_\_

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

**Underwood Community School District  
High School Fitness Center Community Membership Application**

Primary Member Information

Annual Membership Type     Family (\$100.00)     Individual Adult (\$60.00)

\_\_\_\_\_  
 Last Name     Male     Female    First Name    M.I.    E-mail address

\_\_\_\_\_  
 Address    Apt. #    P.O. Box #    City    State    Zip

\_\_\_\_\_  
 Date of Birth    Home Phone    Work Phone    Cell Phone (Optional)

\_\_\_\_\_  
 Person to Contact in Case of Emergency    Relationship    Phone Number

Please complete information below for each additional individual  
 2<sup>nd</sup> Adult

\_\_\_\_\_  
 Name    Relationship    Date of Birth    Male/Female

Family members may include two parents and their unmarried children 17 and under residing at the same address and/or unmarried children through age 23 who are full-time students. Family relatives (i.e., cousins, aunts, uncles, grandparents, etc.) and friends cannot be on a family pass.

Children in Household (Adult supervision required)

\_\_\_\_\_  
 Name    Relationship    Date of Birth    Male/Female

\_\_\_\_\_  
 Name    Relationship    Date of Birth    Male/Female

\_\_\_\_\_  
 Name    Relationship    Date of Birth    Male/Female

\_\_\_\_\_  
 Name    Relationship    Date of Birth    Male/Female

\_\_\_\_\_  
 Name    Relationship    Date of Birth    Male/Female

By purchasing a fitness membership, I realize the inherent risks involved and understand the nature of the risks. The applicant(s) hold harmless the Underwood Community School District for any damages caused by participation in this program. Individual adults registered for fitness memberships are encouraged to receive a physician's approval to participate in fitness center activities. Parents of children registered for fitness membership activities are encouraged to have their children receive a physician's approval to participate in fitness center activities. I realize and accept that this pass is issued at the discretion of the Underwood Community School District and may be recalled or revoked for rule infractions.

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

METHOD OF PAYMENT     Check # \_\_\_\_\_     Cash  
 Membership Fee \$ \_\_\_\_\_    Membership Start Date \_\_\_\_\_    Membership End Date \_\_\_\_\_