



EASTMINSTER PRESBYTERIAN

Christian Life Center Membership Form

Please print all information clearly

Full Name: _____ Date: _____

Member of Eastminster? Y / N Sex: M / F

Home Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Home Phone: _____

DOB: _____ Email: _____

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EMERGENCY CONTACT INFORMATION

Name _____ Relationship: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Home Phone: _____

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KEY CARDS/FOB INFORMATION

- Key Cards cost \$10. Key Fobs cost \$15. (Upgrade from Key Card to Key Fob for \$5.)
- Each card holder must swipe his/her own Key Card or Fob before entering. NO CARD SHARING.
- To avoid a system alarm, card holders must enter and close door within 30 seconds.
- Lost key cards/fobs must be reported immediately. A new one will be issued for the same price.

ADMINISTRATIVE USE ONLY

Issued: Key Card _____ Key Fob _____ Payment Method: _____

Card/Fob Number: _____ Date: _____ Initials: _____

CLC Rules, Regulations & Policies

General

- The CLC is governed by and in compliance with all rules, regulations and policies of EPC
- Everyone must comply with all **Secured Access System** procedures
- Everyone must SCAN IN and SCAN OUT at the CLC Front Desk on each visit
- The CLC Staff and Volunteers are not responsible for the care, discipline or entertainment of children
- All equipment must be checked out at the CLC Front Desk
- **First Aid supplies** are available at the CLC Front Desk
- The **CLC AED (Defibrillator)** is located on the first floor by the elevator and is available for use by trained persons
- Any person or group requesting special use of the CLC must complete a request/approval process through the CLC Director and the CLC Committee
- The CLC Staff have the right to ask anyone to leave for non-compliance of the rules and regulations of the CLC
- The CLC Staff may deny violators of the aforementioned rules access to any and all CLC facilities

Basketball Court & Rec Room Policies

- Groups of 5 or more must **reserve their court time** 24 hours in advance (1/2 court for one hour)
- **No hard-sole shoes** allowed on the basketball court; **No hanging** on the rims
- No food, drink or gum allowed on the basketball court or near playing tables
- **Appropriate attire** is required at all times (shirts, shoes and pants around the waist must be worn)
- No cursing or fighting, kicking or throwing of basketballs, throwing of paddles, cue sticks, pucks, etc.
- No sitting on any of the playing tables; No shaking or pushing on snack/drink machines
- Sign in and out on the **EPC Equipment clipboard** at the CLC Front Desk when using balls and equipment
- Sign in and out in the registration book at the CLC Front Desk (designate with a "B" for court or "G" for game room)

Fitness Center Policies

- Please **WIPE DOWN ALL EQUIPMENT** after use with the provided **towels and disinfectant**
- Anyone unfamiliar with **correct and safe operation of equipment** must receive prior instruction before use
- Children ages 12-15 may enter the walking track and fitness center with an adult or personal trainer
- Personal trainers and class instructors are not permitted use of the CLC and Fitness Center in any instructional capacity without a contract or written consent of the CLC Manager

Release of Liability Waiver

I. In consideration of gaining membership and/or being allowed to participate in the activities and programs of EPC's Christian Life Center and to use its facilities, equipment and machinery in addition to the payment of any fee or charge, I do hereby waive, release and forever discharge EPC and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for any injuries or damages resulting in my participation in any activities at said facility. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my participation in in any activities of the CLC at EPC or the use of any equipment at said facility.

II. I understand and am aware that strength, flexibility, and aerobic exercise, including the use of equipment, are potentially hazardous activities. I also understand that fitness activities involve a risk of injury and even death and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of these dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.

III. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation in any of the activities and programs of the CLC or use of equipment or machinery except as hereinafter stated. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise, and use of exercise and training equipment so that I might have recommendations concerning these. I acknowledge that I have either had a physical examination and have been given any physician's permission to participate, or I have decided to participate in the activity and/or use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation in activities, and in utilization of equipment and machinery in all my activities.

In case of emergency, I give permission for my information to be released to emergency personnel. I also agree my emergency contact listed on this form may be notified in an emergency as needed. I agree to the conditions set forth on this form:

Signature: _____

Date: _____