



## Township of Huron Kinloss

*Ripley Indoor Cycle Club*

*Punch Card - \$60.00*

The entire form must be completed and accompanied with payment to secure space.

### PARTICIPANT INFORMATION

<b>Participant Name:</b>	<b>Par Q:    Yes    No    (next page)</b>
<b>Address (including postal code):</b>	<b>Home Phone Number:</b>
<b>Email Address:</b>	<b>Cell Phone Number:</b>

### REGISTRATION INFORMATION

- Each Card is valid for 10 uses/punches (\$60.00 value)
- You may **NOT** punch your own card
- You **MUST** find an arena staff person to punch your card before each use
- One punch is valid for a maximum of 2 hours on the spin bike
- Card owner must clean/wipe down their bike and return it once they are finished
- You **MUST** report any damages to an arena staff person immediately
- Spin bike availability is on a first come, first served basis
- Cards are valid for use anytime the Ripley Community Centre is open and **only** when the Auditorium is **not** in use by a renter. Please check the facility bookings calendar online before arriving to ensure availability:  
<http://www.huronkinloss.com/facilities.cfm?facilityid=1&action=calendar>

### EMERGENCY CONTACT INFORMATION

<b>Name:</b>	<b>Home Phone Number:</b>
<b>Cell Phone Number:</b>	<b>Relationship to Family:</b>

### ASSUMPTION OF RISK AND INDEMNIFYING RELEASE

While Township of Huron-Kinloss staff and volunteers will make every reasonable effort to minimize exposure to known risks associated with each Registrant's participation in a Township of Huron-Kinloss program ("Program"), I hereby acknowledge that I and/or my child if I am registering on his/her behalf (collectively, the "Registrant") may be required, depending on the nature of the program, to participate in various physical activities that may involve a risk of injury. In this regard, I hereby permit the Registrant to participate in the full range of Program activities. In consideration of the Registrants opportunity to participate in the Program, the receipt and sufficiency of which is hereby acknowledged, I hereby release and hold harmless the Township of Huron-Kinloss, its respective officers, directors, employees, volunteers and agents, and their respective successors and assigns from any and all liability for damages sustained in consequences of loss, injury or damage to the Registrant, and from all other actions, causes of action, claims, demands or damages of any kind with respect to death, injury, loss or damages to any person or property arising out of or connected with preparation for, or participation in, the Program.

### REGISTRATION AGREEMENT

**By signing my name, I (or my legal guardian) acknowledge that I (or we) have carefully read and understand the, Assumption of Risk and Indemnifying Release Statement, Medical Emergencies Statement and Disclaimer.**

**Participant Signature:** \_\_\_\_\_

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

<b>Office Use Only:</b>
Total Payment:
Payment Type:
Paid:
Date:



## Township of Huron Kinloss

### Physical Activity Readiness Questionnaire

*\*Please be aware that all information on completed forms will be confidential*

As promoters of a healthy lifestyle, we're concerned about your well being when participating in our programs. To help identify the type of activity, which is most suited to each individual, we are asking you to complete a PAR-Q as part of the program. This questionnaire is designed to identify individuals for whom an increased physical activity might be inappropriate or those who should seek medical attention prior to program commencement.

Please read carefully and answer "Yes" or "No" to the following questions:

1. Has your family doctor said that you have heart trouble?  Yes  No
2. Do you frequently have pains in your heart or chest?  Yes  No
3. Do you often feel faint or have dizzy spells?  Yes  No
4. Has your doctor ever said that your blood pressure was too high?  Yes  No
5. Has your doctor ever told you that you have a bone or joint problem such as arthritis, which has been aggravated by exercise or might be made worse with exercise?  Yes  No
6. Are you unaccustomed to a steady increase in your physical activity level?  Yes  No
7. Is there a good physical reason not mentioned here why you should not follow an activity program even if you wanted to?  Yes  No
8. Do you take medication on a regular basis (heart, asthma)  
If Yes, please list the medication name:  Yes  No

\_\_\_\_\_

If you answered "Yes" to any of the above questions, you should consult your physician before increasing your physical activity level.

Participant Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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