



## New Member Packet

### School Year Hours of Operation:

Monday–Thursday: 5:30 a.m. to 7 p.m.

Friday: 5:30 a.m. to 6 p.m.

Saturday: 7 a.m. to noon

### Summer Hours of Operation:

Monday-Thursday: 6 a.m. to 7 p.m.

Friday: 6 a.m. to 6 p.m.

Saturday: 7 a.m. to noon

Phone: 913-993-6493

Email: [fitnesscenter@smsd.org](mailto:fitnesscenter@smsd.org)

Website: <https://www.smsd.org/human-resources/staff-wellness/fitness-center>

Welcome to the Shawnee Mission School District Fitness Center. The Fitness Center provides comprehensive health and fitness programs designed to meet your needs and goals for a healthier lifestyle. The center is staffed with qualified fitness professionals trained in exercise instruction and programming.

Available free-of-charge to **all** Shawnee Mission School District employees, their spouses and dependents 16 years of age and older. District retirees who still use the district's medical plan will have access to the facility during limited hours.

### **Membership Registration**

1. Carefully review all membership registration paperwork included in this packet. Complete and return the following forms to the Fitness Center's staff:
  - a. Member Registration Form
  - b. Orientation and User Agreement
  - c. Health History Questionnaire
2. Complete an equipment orientation. Orientations take approximately 20 minutes and appointments are required.
3. Optional, but encouraged: Meet with a fitness center staff person to complete an assessment and discuss a personalized exercise program. An assessment includes the following: heart rate, blood pressure, body weight, height, and an optional body fat composition. Appointments are strongly encouraged.

## **Shawnee Mission School District Fitness Center**

### **Policies and Procedures**

#### **Conduct and Etiquette**

All members should enjoy the opportunity to exercise in a comfortable and safe environment. Courtesy and respect are expected of all members, at all times.

#### **Proper Attire & Hygiene**

Appropriate workout attire is required. Shirts and non-marking, closed toe, athletic shoes must be worn at all times and in all areas of the fitness center. In addition, members are expected to observe proper hygiene and avoid excessive use of perfumed sprays.

#### **Retiree Usage**

Retirees of the Shawnee Mission School District who are still on the district's medical plan may use the facility the following hours:

Monday–Friday 8:30 a.m. to 2 p.m.

Saturday 7 a.m. to noon

#### **Age Guidelines**

Members who are 16 and 17 years old are eligible to be fitness center members, but are required to be under the supervision of an adult member when using the Fitness Center. No one under the age of 16 years old is allowed in the fitness center at any time.

#### **Fitness Center Orientation**

All members must complete an equipment orientation with a fitness center staff member prior to using the facility.

#### **Locker Rooms**

Locker rooms are located in the Fitness Center. Showers, lockers, restrooms and sinks are available. You may bring a lock to lock the locker while you are using the facility. Members are expected to remove belongings and locks after each use.

#### **Cardio Time Limit**

During busy times or when people are waiting, please limit use of the cardio equipment to 30 minutes.

#### **Rack Your Weights**

As a courtesy, when using free weights (or other movable equipment) please return equipment to its proper storage area at the end of your workout. This includes re-racking dumbbells and removing weights from barbells.

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Policies and Procedures  
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**Wipe Down Equipment**

As a courtesy to other members, equipment (seats, benches, cardio equipment) should be wiped down after use. Gym wipes are provided in the strength and cardio rooms, as well as in the group exercise rooms.

**Report Equipment Malfunctions and Injuries**

Members are expected to immediately report all equipment malfunctions, personal injuries and specific concerns to a fitness center staff member.

**Equipment Sharing**

If you intend to perform more than one set of repetitions on a machine, please allow others to work in between your sets.

**Food and Beverages**

Beverages must be in a spill-proof container. No food items are allowed in the Fitness Center.

**TV Monitors**

Please don't touch the TV monitors or adjust the volume on the TVs. Please use remotes to change channels or ask a fitness center staff member for assistance.

**Inclement Weather**

During inclement weather, the Fitness Center will follow the closure system of the Shawnee Mission School District Administrative Office. If the Administrative Office is closed for any reason, the Fitness Center will also be closed.



**Shawnee Mission School District Fitness Center  
Member Registration Form  
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Name: \_\_\_\_\_

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

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 the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.

**(Please initial: \_\_\_\_\_)**

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 Shawnee Mission School District Fitness Center or use of equipment or machinery except as in hereafter 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 an annual, 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 fitness activities and equipment use. I acknowledge that I have either had a physical examination and have been given a physician's permission to participate, or that I have decided to participate in activity and/or use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities.

**(Please initial: \_\_\_\_\_)**

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

## Shawnee Mission School District Fitness Center Orientation and User Agreement

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Check One:

SMSD Employee

Spouse or Dependent of SMSD Employee

Name of Sponsoring Employee:

\_\_\_\_\_  
 Retiree on District Medical Plan

Orientation Date: \_\_\_\_\_ Orientation Time: \_\_\_\_\_

Orientation Completed By:

\_\_\_\_\_

### User Agreement

The use of the Shawnee Mission School District Fitness Center is a benefit available to all Shawnee Mission School District employees and certain guests. Use of the Fitness Center is purely voluntary and is not a condition of employment nor is it within the scope of employment. The goal is to provide a whole-body approach to wellness, including use of an area with cardiovascular and strength training machines, free weights and group exercise classes.

A signature on this document indicates a member's willingness to comply with all Fitness Center policies and member expectations.

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

In addition to the required provisions above, a signature below provides consent to the Shawnee Mission School District to use my name, picture, likeness, writings, opinions, beliefs, biographical information, audio tape and/or video tape recordings, sound, or silent motion pictures in any medium and any other information or data provided to the Shawnee Mission School District for research, editorial, educational, promotional and advertising purposes.

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Shawnee Mission School District Fitness Center Health History Questionnaire

Regular physical activity is safe for most people. However, individuals should check with their doctor prior to starting an exercise program. As a general precaution, please complete the Health History Questionnaire below. All information will be kept confidential.

- |   |   |   |
|---|---|---|
| 1. Have you had a heart attack, stroke, or heart surgery?<br>Please specify _____ | Y | N |
| <hr/>   |   |   |
| 2. Do you experience chest discomfort when you engage in physical activity?       | Y | N |
| 3. Do you experience unreasonable breathlessness?                                 | Y | N |
| 4. Do you experience dizziness, fainting, or blackouts?                           | Y | N |
| 5. Do you take heart medications?   | Y | N |
| 6. Do you have diabetes?  | Y | N |
| 7. Do you have asthma or other lung disease?                                      | Y | N |
| 8. Do you have burning or cramping sensation in your lower legs when walking?     | Y | N |
| 9. Do you have musculoskeletal problems that limit your physical activity?        | Y | N |
| 10. Do you take prescription medications?   | Y | N |
| 11. Are you pregnant?   | Y | N |
| 12. Do you smoke, or have stopped smoking w/in the last 6 months?                 | Y | N |
| 13. Do you have high blood pressure, being treated for high blood pressure?       | Y | N |
| 14. Do you have high cholesterol?   | Y | N |
| 15. Do you have family history of heart attack or heart surgery before age 55?    | Y | N |

***Please list any other pertinent health/medical information staff should be aware of.***

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

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

**STAFF USE ONLY**

Cleared to exercise \_\_\_\_\_ Not cleared to exercise \_\_\_\_\_

Reason \_\_\_\_\_

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

Resting Heart Rate \_\_\_\_\_ Resting Blood Pressure \_\_\_\_\_

Exercise Prescription \_\_\_\_\_