Family Membership

EDEN CENTRAL SCHOOL DISTRICT

Eden CSD Fitness Center

- Located to the right of the Eden MSHS Athletic Entrance
- 3150 Schoolview Road, Eden, New York 14057
- Register at the District Office located at Elementary School
 - 8289 N Main Street, Eden, 14057
 - Separate entrance near handicap ramp
 - Please call ahead for registration, 992-3626

Fitness Center Hours of Operation

Monday – Friday 5:00 pm - 9:30 pm

Saturday - 8:00 am - 12:00 pm

• If EdenCSD is closed for weather related emergencies the Fitness Center will be closed. Please call ahead (992-3626), check our website: edencsd.org or our Facebook page "Eden Central School".

Membership fees are as follows:

	(Eden CSD Resident) 3 interchangeable passes	\$45 month	six months	\$180.00		
0 1	Eden CSD students 16 and older free—show student id Under 16 must be accompanied by Fitness Center parent/guardian					
	Eden CSD Resident) 62 years old and older	Free				
Non Res	sident of Eden CSD	\$30 month fo	or Individual			

INFORMED CONSENT

AND

ASSUMPTION OF RISK AGREEMENT

As a condition of using the Eden Central School District's Fitness Center, I acknowledge that I have read this form, fully understand it, and agree to its terms and conditions.

- 1. I hereby acknowledge that I have completed the necessary paperwork for use of the Fitness Center equipment and participation in Fitness Center activities and returned to the district. I further acknowledge that I have consulted with my physician and attest that there are no ailments preventing participation in physical activity. I further understand that I will be solely responsible for monitoring the intensity of my use of the Fitness Center equipment and participation in its exercise activities, and will do so in a way which will not jeopardize my health, safety or physical well-being, or the health, safety or well-being of other Fitness Center users.
- 2. I understand that the nature of the supervision of the Fitness Center provided by the District is general in nature, and the Fitness Center Desk Attendant is not responsible for supervising or monitoring the manner or intensity of my use of equipment or participation in exercise activities.
- 3. I hereby acknowledge that my use of the District's Fitness Center involves risk including possible injuries to bones, muscles, tendons, ligaments, dehydration, abnormal blood pressure, fainting and heart disorders (including heart attacks). Based on the foregoing, I assume all risks associated with my use of the District's Fitness Center.
- 4. I hereby release the Eden Central School District and its Board of Education, in both their corporate and individual capacities, its employees, agents and assigns, for all claims (of any nature) relating to my use of the District's Fitness Center, including but not limited to claims for personal injury or death, and damage to or loss of personal equipment.

Parents/Guardians: I acknowledge and accept the terms and conditions set forth above for Eden Central School District's Fitness Center.

(1)Parent Guardian Participant:		
	Print Name	
(1)Parent Guardian Signature:		
Date:		

(2)Parent Guardian Participant:	
	Print Name
(2)Parent Guardian Signature:	
Date:	
If user(s) is under 18 years of age the user's p acknowledgement and acceptance of the term user(s).	arent or guardian must sign this form as ms and conditions set forth herein on behalf of the
Signature of Parent/Guardian:	Date:
	ering for the Fitness Center and acknowledge (if they are ness Center Terms of Use with your children listed below.
1	Date
Please Print Child's name	
2	Date
Please Print Child's name	
3	Date
Please Print Child's name	
4	Date
Please Print Child's name	

Each family member must complete the following registration form.

Please copy as needed.

Eden CSD Fitness Center 3150 Schoolview Road, Eden, New York 14057 2716-992-3626

Fitness Center Participant Information Form

Students 16 and over may attend unaccompanied by parent/guardian with their school ID.

Children under the age of 16 must be accompanied by a parent/guardian at all times while in the Fitness Center.

The following form needs to be completed for each child.

PRINTED NAME:						
-	Last		First	Middle		
ADDRESS:						
PHONE	Street		City	Zip Code		
PHONE:						
	Home #			Cell # (circle Parents or students)		
Emergency Co	ontact:					
		Name		Cell#		
EMAIL:						
DATE OF BIRTH	H:					
Student Gra	de:	fall 2022				
Child's Signature:			Date:			
Signature of	Parent/Gu	ıardian:				
Date:						