



## HEALTHWORKS FITNESS CENTER

Rochelle Community Hospital (Entrance G)

Phone: 815. 562. 2181 ext. 2730

THE FITNESS CENTER AT ROCHELLE COMMUNITY HOSPITAL IS NO ORDINARY GYM. AT HEALTH WORKS FITNESS WE OFFER A FRIENDLY, CLEAN, AND QUIET ENVIRONMENT WHERE YOU CAN MEET YOUR FITNESS GOALS. HERE YOU WILL FIND A WIDE VARIETY OF CARDIO AND RESISTANCE TRAINING EQUIPMENT DESIGNED TO IMPROVE BODY COMPOSITION, MUSCULAR STRENGTH, HYPERTROPHY, FLEXIBILITY, MOBILITY, AND CARDIOVASCULAR & MUSCULOSKELETAL ENDURANCE. WE ALSO OFFER USEFUL HEALTH ASSESSMENTS INCLUDING BLOOD PRESSURE, BODY FAT PERCENTAGE, RESTING HEART RATE, BASAL METABOLIC RATE, AND OPTIMAL HEART RATE RANGES FOR SAFE EXERCISE.

THE FITNESS CENTER EMPLOYS A RESIDENT EXERCISE PHYSIOLOGIST WHO INDIVIDUALLY TAILORS EXERCISE PROGRAMS TO MEET THE NEEDS OF EACH CLIENT'S GOALS, ACTIVITY LEVEL AND SCHEDULE. HE WILL IMPLEMENT SYSTEMATIC METHODS OF EXERCISE TO HELP IMPROVE YOUR MUSCULAR STRENGTH, HYPERTROPHY, ENDURANCE, FLEXIBILITY, MOBILITY, AND PAIN MANAGEMENT.

### *Fitness Center Hours*

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Monday – Friday                      5:00am – 9:00pm

Saturday – Sunday                      6:00am – 6:00pm

**\*\*Closed all major Holidays**

### *Monthly Membership fees (Cash or Checks Only)\**

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New Membership Fee                      \$25.00 (Includes 1 month membership, Key FOB, & orientation.)

Monthly Membership Fee                      \$20.00/mo.

Senior (65+) Membership Fee                      \$15.00/mo.

**\*(Fitness consultations schedule separately)**

### *Family/Year Rates (only available to those of the same household).*

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1 Member                                      \$200.00/yr. (Senior Rate \$160/yr.)

2 Members                                      \$340.00/yr. (senior \$275/yr.)

3 Members                                      \$430.00/yr.

4 Members                                      \$575.00/yr.

# Programs & Packages

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EXERCISE PROGRAMS ARE AN IMPORTANT PART OF PROGRESS. IT CAN BE A DAUNTING TASK TRYING TO ESTABLISH A REGULAR GYM ROUTINE WITHOUT ANY STRUCTURE, AND IT'S DIFFICULT TO STAY CONSISTENT WHEN YOU DON'T HAVE A PLAN. SCHEDULE A MEETING WITH OUR EXERCISE PHYSIOLOGIST TO SETUP AN EXERCISE PROGRAM AND KEEP YOU ACCOUNTABLE.

## *Individual Exercise Programs (IEP)*

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INDIVIDUAL EXERCISE PROGRAMS ARE DESIGNED TO MEET YOUR SPECIFIC NEEDS, GOALS, CONDITIONS, AND SCHEDULE. WHAT SETS THEM APART FROM OTHER TRAINING METHODS IS THE PROFESSIONAL AND PERSONAL ATTENTION YOU WILL RECEIVE FROM OUR CERTIFIED EXERCISE PHYSIOLOGIST.

EACH PACKAGE INCLUDES AN INITIAL THIRTY-MINUTE APPOINTMENT

- HEALTH HISTORY REVIEW WITH OUR EXERCISE PHYSIOLOGIST
- DISCUSS GOALS & PROSPECTIVE.
- BASELINE MEASUREMENTS, BLOOD PRESSURE, BODY FAT PERCENTAGE, & BODY WEIGHT.
- WEEKLY FOLLOW-UP MEETINGS
- CONTINUING ASSESSMENTS & PROGRAM REVISIONS

1 SESSION	\$30.00
4 SESSIONS	\$80.00
8 SESSIONS	\$144.00
12 SESSIONS	\$204.00
16 SESSIONS	\$240.00
*3 MONTH SPECIAL	\$600.00
[INCLUDES X3 SESSION/WEEK FOR 3 MONTHS].	

## *Group Fitness Programs (GFP)*

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GROUP EXERCISE PROGRAMS ARE DESIGNED TO HELP EASE THOSE WHO ARE NEW TO A GYM ENVIRONMENT INTO A COMFORTABLE AND KNOWLEDGEABLE POSITION OF THE GYM. THEY ALLOW YOU TO RECEIVE PROFESSIONAL TRAINING IN A FUN ENVIRONMENT.

EACH CLASS IS DESIGNED TO ENHANCE:

- STRENGTH                      MOBILITY
- HYPERTROPHY                CARDIOVASCULAR & MUSCULOSKELETAL ENDURANCE
- FLEXIBILITY

4 SESSIONS	\$75.00
8 SESSIONS	\$140.00
12 SESSIONS	\$200.00
16 SESSIONS	\$230.00

# RULES & REGULATIONS

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1. Members must wear appropriate and respectable exercise attire at all times. Athletic shoes are required.
2. Disrupting or disturbing another member's workout is not tolerated. Please be kind, courteous and respectful of others.
3. No profanity!
4. Members are required to wipe off equipment after use.
5. The Fitness Center is not responsible for lost or stolen items. Please keep any valuables locked up or at home.
6. Food and drinks are prohibited in the Fitness Center with the exception of a water bottle.
7. Only Fitness Center Instructors are allowed to provide instruction on exercise technique and equipment preparation and adjustments.
8. The Fitness Center is only to be used by approved admittance.
9. For safety concerns: No children under the age of 12 are allowed in the Fitness Center. 12-15 years old must be accompanied by a parent or legal guardian. Anyone under the age of 18 must have a release form signed by a parent or legal guardian.
10. All inquiries on membership refunds should be forwarded to administration; the Fitness Center does not issue refunds.
11. All members are to comply with the Fitness Center Instructors regarding enforcement of terms & policies.
12. By signing below you are acknowledging that you are exercising at your own risk. The Fitness Center is not responsible for any injuries that occur while in the Fitness Center.
13. Violation of the Rules & Regulations will be subject to the following:
  - a) Verbal warning: member will be notified by a staff member of violation.
  - b) In the instance of a second or repeated violation, a written warning will be issued to management.
  - c) If a third warning is necessary **MEMBERSHIP WILL BE TERMINATED IMMEDIATELY WITHOUT REFUND.**

**\*Please sign confirming that you have read and understand all the rules listed above.**

X\_\_\_\_\_

# Rochelle Community Hospital & Healthworks Fitness Center Consent & Release Form

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I, \_\_\_\_\_ **(Please Print)**, understand that membership to Healthworks Fitness Center is completely voluntary.

I concede to the best of my knowledge that I am able to engage in exercise and/or physical activity without endangering myself or others.

By my signature below, I hereby release and forever discharge Healthworks Fitness Center, its affiliates, subsidiaries, and related entities, as well as their respective officers, directors, members, agents, employees, successors and assigns, from any known or unknown claims or causes of action that I now have or may have in the future arising from my use of or participation in the physical fitness center facilities, and programs, including, but not limited to, any claims of negligence, invasion of privacy, theft, and personal injury. I agree that Illinois law will govern this release.

The use of any and all equipment, machinery, and apparatus designed for exercising shall be done at the member's sole risk. All programs are designed with the safety of the members in mind. It is the member's responsibility to notify the instructor of any change in the member's exercise safety.

This consent and release is freely and voluntarily given, and without duress or undue influence.

*I understand the Fitness Center reserves the right to terminate my membership should it determine that doing so is in its best interests. Only in this event will the Fitness Center refund membership fees on a prorated basis. In all other situations there will be **NO** refunds given for membership fees.*

X \_\_\_\_\_  
Signature of Fitness Center Applicant

\_\_\_\_\_  
Date

X \_\_\_\_\_  
Signature of Fitness Center Staff

\_\_\_\_\_  
Date

# Personal Information

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THE FOLLOWING INFORMATION IS CONFIDENTIAL AND WILL BE SAFELY FILED IN YOU HEALTHWORKS FITNESS RECORD.

## PERSONAL INFORMATION

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NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

## MEDICAL EMERGENCY INFORMATION

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### PERSON TO NOTIFY IN CASE OF EMERGENCY

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

IN THE EVENT OF ANY EMERGENCY, AND THE PERSONA ABOVE CANNOT BE REACHED, I AUTHORIZE THE BEARER OF THIS FORM TO ALLOW HEALTHWORKS FITNESS CENTER EMERGENCY PERSONNEL TO DIRECT ANY AND ALL NECESSARY MEDICAL CARE FOR MYSELF.

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

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

## MEDICAL HISTORY

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### CONDITIONS (CIRCLE ALL THAT APPLY)

ARTHRITIS  
ASTHMA  
COPD  
PARKINSONS  
HIGH BLOOD PRESSURE  
HEART ATTACK/STENTS/PACEMAKER/AFIB

OSTEOPOROSIS  
STROKE/SEIZURES  
DIABETES  
HIGH CHOLESTEROL

OTHER: \_\_\_\_\_

### GOALS (CIRCLE ALL THAT APPLY)

STRENGTH  
HYPERTROPHY (INCREASE MUSCLE SIZE)  
WEIGHT MANAGEMENT  
FLEXIBILITY  
MOBILITY  
CARDIOVASCULAR/MUSCULOSKELETAL ENDURANCE

# Fitness Center Membership Policy F.A.Qs

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## **Do I have to sign a contract?**

No contracts, however members are expected to pay membership fees on the 1<sup>st</sup> of the month they are due.

## **If I sign up in the middle of the month does my membership apply to the following month?**

It depends. The month you sign up in is the month your membership is applied in if you sign up before the 15<sup>th</sup> of that month. If you sign up on the 15<sup>th</sup> or after of the month your membership will be charged to the next month.

## **Can I put a hold on my membership?**

No holds on membership accounts unless there is a medical reason, or snow birding (3+ months).

## **If I only use the gym twice a month do I have to pay for that month?**

Yes, members have unlimited access to the Fitness Center during operating hours; How frequently or infrequently you choose to come is up to you.

## **If my account is inactive for multiple months do I have to make up the missed payments?**

No, however if a members account remains inactive for three months they must sign up again as a new member, and are responsible for "New membership" fees.

## **When is membership due and how will I be notified?**

Membership payments are due on the 1<sup>st</sup> of the month they are due. Key FOBs are set to expire on the 7<sup>th</sup> of the month, and are not updated until after payment is received. Card reminders are mailed out every month as a courtesy reminder.

## **Will there be a summer special discount?**

Yes! The discounted pricing are as follows:

- Standard membership** (64 and under) \$50 total for 3 month (June, July, August) gym membership.
- **Senior membership** (65+) \$35 total for 3 month (June, July, August) gym membership.

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