

Renaissance Senior Center

FITNESS ROOM & STRENGTH EQUIPMENT

Orientation

Wednesdays, Fridays

& Saturdays at 2:00pm

\$10
ANNUAL
MEMBERSHIP



Join our Certified Fitness Instructor Louie Antuna, for the required Fitness Room Orientation which is the first portion of this class. In addition, this course provides a Strength Equipment Orientation session as well. Each offers vital information to assist you during your work out.

*We accept checks, cash or credit cards for processing memberships.
Cash should be the exact amount of \$10.00, we cannot provide change.
Visa and Master Card accepted.*

55 AND OLDER

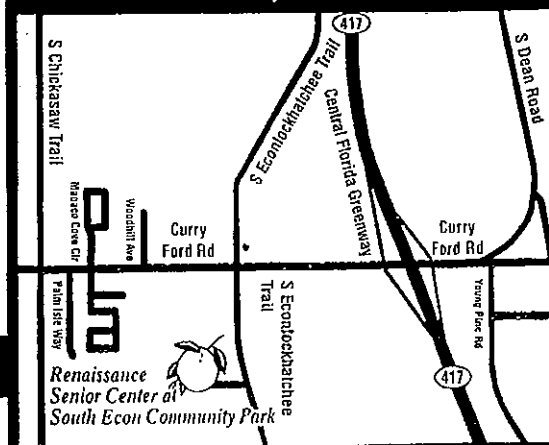
Medical Clearance form must be completed by a physician.

Drivers license or other photo ID is required for age verification.

For more information, please call
(407) 254-9070



**3800 South Econlockhatchee Trail,
Orlando, FL 32829**



www.OrangeCountyParks.net • www.OrlandoMagicOCFLGyms.net

We embrace the power of diversity. Orange County Parks and Recreation does not discriminate against anyone on the basis of age, race, gender, national origin or disability. ANY SPECIAL NEEDS PLEASE CALL.

Registration Card / Tarjeta de Registración

Orange County Resident Non Resident

Participant's Name / Nombre de participante
 LAST NAME / DURC EL NOMBRE FIRST NAME / DENOMINE PRIMERO
 Date of Birth / Fecha de Nacimiento
 MONTH / DAY / YEAR

Park Name and Program Name / El Nombre del Parque and Nombre de Programa
 Program Start & End Dates / Fecha de Comienzo y Colminación del Programa
 MONTH / DAY / YEAR MONTH / DAY / YEAR

Street Address / Dirección Postal
 City / Ciudad State / Estado Zip / Código postal

Phone Number / Número de Teléfono E-mail / Correo Electrónico
 () - -

School Attending / Escuela a la Cual Asiste Grade Age / Edad Male / Masculino Female / Femenina

Parent / Legal Guardian / Padres / Tutor Legal Relationship / Relación Home Phone / Número de Teléfono de la casa
 () - -

Father's / Guardian's Work Phone / Teléfono del Trabajo del padre Mother's / Guardian's Work Phone / Teléfono de Trabajo de la madre/Tutora
 () - - () - -

List any activities in which you / your child is UNABLE to participate / Lista cualquier actividad en las que su niño no puede de participar

EMERGENCY MEDICAL INFORMATION / INFORMACIÓN DE EMERGENCIA MEDICA

Parent / Legal Guardian / Padres / Tutor Legal	Relationship / Relación	Work Phone / Teléfono de Trabajo () - -	Other Phone / Otro Número de Teléfono () - -
Emergency Contact Name / Nombre de Contacto de emergencia	Relationship / Relación	Work Phone / Teléfono de Trabajo () - -	Other Phone / Otro Número de Teléfono () - -
Emergency Contact Name / Nombre de Contacto de emergencia	Relationship / Relación	Work Phone / Teléfono de Trabajo () - -	Other Phone / Otro Número de Teléfono () - -

Please list any medical conditions or medications for which you / your child is currently under a physician's care:
 Liste, por favor, cualquier condición o las medicinas médicas para que tu niño/su es actualmente bajo él cuidado de un médico:

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN
 READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF ORANGE COUNTY USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM ORANGE COUNTY IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND ORANGE COUNTY HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

AVISO AL GUARDIAN NATURAL DE EL/LA MENOR
 LEA ESTE DOCUMENTO CUIDADOSA Y COMPLETAMENTE. USTED ESTÁ ACORDANDO EN DEJAR A SU NIÑO MENOR DE EDAD PARTICIPAR EN UNA ACTIVIDAD POTENCIALMENTE PELIGROSA. USTED ESTÁ ACORDANDO QUE, INCLUSO SI ORANGE COUNTY, FLORIDA EMPLEA UN CUIDADO RASONABLE AL PARTICIPAR EN ÉSTA ACTIVIDAD, HAY UN CHANCE DE QUE SU NIÑO PUEDA SER HERIDO SERIAMENTE O FALLECER POR PARTICIPAR EN ÉSTA ACTIVIDAD PORQUE HAY CIERTOS PELIGROS INHERENTES EN LA ACTIVIDAD QUE NO PUEDEN SER EVITADOS O ELIMINADOS. AL FIRMAR ESTE DOCUMENTO USTED ESTÁ RENUNCIANDO LOS DERECHOS DE SU NIÑO Y SU DERECHO DE RECIBIR COMPENSACIÓN DEPARTE ORANGE COUNTY, FLORIDA EN UNA DEMANDA LEGAL POR DAÑOS PERSONALES, INCLUYENDO FALLECIMIENTO, DE SU NIÑO O CUALQUIER DAÑO A LA PROPIEDAD QUE RESULTE DE LOS RIESGOS QUE FORMAN PARTE HABITUAL DE LA ACTIVIDAD. USTED TIENE EL DERECHO DE NEGARSE A FIRMAR ESTE DOCUMENTO, ORANGE COUNTY, FLORIDA TIENE EL DERECHO DE NEGARLE PARTICIPACIÓN A SU NIÑO SI USTED NO FIRMA ESTE DOCUMENTO.



Signature of Parent/Legal Guardian (if under 18)
 Firma de Padres/Guardian (Si menor de dieciocho años)

Date / Fecha

Participant Consent Release

I (or my child/ren) am voluntarily participating in this program, class or event written above. In return for the opportunity to participate, I voluntarily for myself (or my child/ren) waive, release, indemnify and hold harmless Orange County and its officers and employees from any liabilities, claims, damages, injuries, losses, and expenses including reasonable attorneys fees and cost whatsoever, including those for personal injury, death or property damage, which may arise from or in connection with participation in this program, class or event.

If this registration is for one of my minor children, I hereby consent to emergency treatment and transportation of my minor child for any condition which may arise during, from or in connection with participation in this program, class or event and I shall be responsible for the payment of all costs associated with such emergency treatment or transportation.

Further, I hereby give permission to Orange County to use any photographs taken by the County, its officers, employees, or agents, of either me or my child/ren during participation in this program, class or event. I agree such photographs shall be the property of Orange County and I am not entitled to compensation of any kind for the use of such photographs.

I agree to abide by all County Ordinances and Parks & Recreation rules and regulations, and understand that Orange County has the right to close registration and to change fees and requirements when necessary. This release shall remain in effect until canceled in writing.

Consentimiento de Liberación de participante

Yo (o mi hijo(a)/os) estoy voluntariamente participando en este programa, clase, o evento anteriormente descrito. A cambio, de la oportunidad de participar, voluntariamente (o a nombre de mi hijo(a)/os) renuncio, libero, aseguro, y mantengo libre al Condado de Orange, a sus oficiales, y empleados, de toda responsabilidad reclamación, daños, heridas, pérdidas personales y gastos, incluso costos razonables de abogados, incluyendo heridas físicas, muerte o daños a la propiedad, que puedan surgir de, o en conexión con, la participación en este programa, clase, o evento.

Si esta registración es para uno de mis hijos menores, autorizo tratamiento de emergencia y transportación de mi hijo(a)/os menor por cualquier condición que pueda ocurrir durante, de o en conexión con la participación en este programa, clase, o evento. Acepto la responsabilidad de pagar el costo asociado con el tratamiento de emergencia o transportación.

También doy permiso al Condado de Orange de usar cualquier fotografía de mi hijo(a)/os tomada por el condado de Orange, sus oficiales, empleados, o agentes, durante la participación en este programa, clase, o evento. Estoy de acuerdo que las fotografías son propiedad del condado de Orange y no será compensado(a) en forma alguna por el uso de ellas.

Acepto cumplir con todas las ordenanzas, reglas, y regulaciones del Condado y la División de Parques y Recreación, y entiendo que el Condado Orange tiene el deber de cerrar registración y cambiar los costos y requisitos cuando sea necesario. Esta declaración se mantendrá en efecto hasta que sea cancelada por escrito.

Orange County Medical Clearance

Complete this form prior to orientation at the Renaissance Senior Center or the Marks Street Senior Recreation Complex.

NAME _____ PHONE _____

EMERGENCY CONTACT _____ PHONE _____

DATE OF BIRTH _____

Orange County operates a wellness/fitness training center for seniors **55 years of age** and over at the Marks Street Senior Recreation Complex and at the **Renaissance Senior Center**. Select staff is trained in the use of all the facility's equipment, which is similar to that found in commercial health and fitness clubs. They instruct to ensure the proper use of the exercise equipment. After an initial orientation session with Staff, there will be no personal trainers and your use of the equipment will be self-led. There are no special types of medical monitoring available in the facility, nor will any medical monitoring be done. Any special medical precautions are the responsibility of the participant and his/her physician. Please use an extra measure of care and safety at these facilities. **After doctor's signature, please bring this form with you to one of the three listed fitness room orientations.**

If you have any questions concerning the exercise facility staff, equipment or any special concerns regarding the participant, please call **Orange County at 407- 254-9070.**

Doctor Use Only

PLEASE CHECK APPROPRIATE

The above named individual **is medically cleared** to use Orange County wellness facilities and participate in sponsored programs/activities.

The above named individual **is not medically cleared** to use Orange County wellness facilities and participate in sponsored programs/activities.

Date _____ Phone _____ License # _____

Physician's Name (Print) _____

Physician's Signature _____

Office Address _____

Office Use Only

Driver's License Verified

Staff's Initial

Note to Participants. You must **renew your membership annually**. If you let your membership lapse you will have to **reapply which includes this Medical Clearance**. It is your duty to inform Staff if there are changes in your physical or medical status.