



BERKSHIRE SOUTH REGIONAL COMMUNITY CENTER

15 Crissey Road, Great Barrington, MA 01230 • 413.528.2810 • www.berkshiresouth.org

TONE Member Contract

TONE is sponsored by the Robbins-de Beaumont Foundation for 2017

Name: _____ Gender _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: (Home) _____ Email: _____

(Cell) _____ Date of Birth: ____/____/____

Parent/Guardian (1) Name _____ Email _____

Parent/Guardian (2) Name _____ Email _____

- Domestic Structure: Parents share home
 Parents have separate homes (*please fill out below section*)
- Student lives with: Parent/Guardian 1 Parent/Guardian 2

Other Parent/Guardian Contact Information (*If different from above*):

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact Person: _____ Phone: _____

Membership Type: TONE Corp. Code: 2100 Member #: _____

Youth (Ages 13 -18) Contract Term: **TONE 1: 3 months or TONE 2: 6 months**
Please Circle One

Membership Start Date: ____/____/____ Membership End Date: ____/____/____

Terms and Conditions

ALL MEMBERSHIPS ARE NON-REFUNDABLE AND NON-TRANSFERABLE

LIABILITY WAIVER: The Center shall not be responsible or liable by any member or guest for loss of property for any reason. Member acknowledges that there is risk involved in leaving personal property either unattended or in an unlocked locker.

LOST KEY TAGS: Membership key tags will be replaced free of charge once following initiation of membership. Key tags will be replaced at a cost to the member of \$5.00 thereafter.

CENTER EQUIPMENT, FACILITIES AND HOURS: Community Center hours are subject to change based on seasonal demands and the Center may be closed for certain holidays, maintenance, repairs, emergencies, staff training, and the like. Members will have no claim against the Center for extending or providing additional credit for periods closed.

I have read the terms and conditions of this application and with my signature indicate my agreement to the terms contained within the TONE program. If I am under legal age, the signature of my parent or guardian below indicates their permission and understanding of the conditions and terms of the TONE program.

Signature of TONE Participant _____ Date _____

Signature of Parent/Guardian _____ Date _____



TONE: EMERGENCY CARD INFORMATION

Participant's Name: _____ Date of Birth: _____
Any Allergies/Conditions _____
Child's Home Address: _____ Phone: _____

*I give permission for my child to be released from the program at the end of the day as stated above and/or I give my permission to the following people to receive my child at the end of the day. **(If no one is authorized, please indicate below by writing "NO ONE")**

- 1. NAME: _____ RELATIONSHIP _____
ADDRESS _____
PHONE (h) _____ (w) _____ (c) _____
- 2. NAME: _____ RELATIONSHIP _____
ADDRESS _____
PHONE (h) _____ (w) _____ (c) _____

EMERGENCY CONTACT PERSON(S)

- 1. _____
(Name, Address, Phone #)
- 2. _____
(Name, Address, Phone #)

Special instructions on how to reach emergency contact: _____

MEDICAL EMERGENCY TREATMENT

I hereby give. Berkshire South Regional Community Center's Staff -TONE permission to administer basic first aid and/or CPR to my child _____ and/ or take my child _____

(Name) (Name)
to a hospital for medical treatment when I cannot be reached or when delay would be dangerous to my child's health. Release of all claims & promise not to sue: As a participant in this and any other program of the Berkshire South Regional Community Center, I recognize and acknowledge that there are certain risks and I agree to assume all such risks, including any damage resulting from physical injuries, loss of services or consortium, loss or damage to property, or any other loss I may sustain as a result of participating in any and all activities connected with or associated with such programs. In consideration of the Berkshire South Regional Community Center accepting my or my child's registration, and with the intent to be legally bound, hereby, for myself, for my child, all heirs, executors, administrators, and assigns, do hereby forever release, waive and relinquish all claims I have or may have as a result of participating in this and all other programs of the Berkshire South Regional Community Center. Furthermore, I promise not to sue the Berkshire South Regional Community Center and agree to indemnify and hold harmless and defend the Berkshire South Regional Community Center and its officers, agents, servants, employees and insurers from any and all liabilities, claims, demands, actions or causes of action resulting from my or my child's participation in this or any other programs of the Berkshire South Regional Community Center.

- Participants assume risk and responsibility for changes in personal schedules or health.

Date Signature of Participant or Parent or Guardian (if participant is under the age of 18)

PARENTAL PERMISSION/MEDICAL CLEARANCE FORM

NAME: _____ AGE: _____
ADDRESS: _____ DATE: _____
PHONE: _____ HIGH SCHOOL: _____

I give my permission for my son/daughter, _____ to participate in Berkshire South Regional Community Center's (BSRCC) Teen Outreach Nutrition Exercise (TONE) program.

I will also attest that _____ has had a physical examination by his or her physician within the last six months and he/she has been found in good health and there is no medical reason why he/she cannot participate in BSRCC's TONE program.

I have reviewed the BSRCC catalog with my child, _____, paying special attention to, and discussing appropriately, the General Policies and Guidelines of the Center.

Do you foresee any challenges that may prevent your teenager from completing this program? (i.e. transportation, time or appropriate attire) _____

Signature of Parent/Guardian

Date



BERKSHIRE SOUTH REGIONAL COMMUNITY CENTER

BERKSHIRE SOUTH REGIONAL COMMUNITY CENTER MINOR RELEASE

In consideration of the engagement as a model of the minor named below, and for other good and valuable consideration herein acknowledgement as received, upon terms herein stated, I here by grant Berkshire South, its Executive Director and any and all staff, her legal representatives and assigns, those for whom _____ is acting, and those acting with her authority and permission, the absolute right and permission to copyright and use, re-use and publish photographic portraits or pictures of the minor or in which the minor may be included, in whole or in part, or composite or distorted in character or form, without restriction as to changes or alterations from time to time, in conjunction with the minor's own or fictitious name, or reproductions thereof in color or otherwise made through any media at her studios or elsewhere for art, advertising, trade, or any other purpose whatsoever. I also consent to the use of any printed matter in conjunction therewith.

I hereby release, waive any right that a minor or I may have to inspect or approve the finished product or products or the advertising copy or printed matter that may be used in connection there within or the use to which it may be applied.

I hereby release, discharge and agree to save harmless Berkshire South Regional Community Center, its executive director and any staff her legal representatives or assigns, and all persons acting under her permission or authority or those whom she is acting, from any and all liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the taking of said pictures or in any subsequent processing thereof, as well as any publication thereof even though it may subject the minor to ridicule, scandal, reproach, scorn and indignity.

I hereby warrant that I am of full age and have every right to contract for the minor in the above regard. I state further that I have read the above authorization, release and agreement, prior to its execution, and that I am fully familiar with the contents therein.

Minor's Name: _____ Date: _____

Signature: (Father) (Mother) (Guardian)

Address: _____ Phone: _____

Witness: _____

CODE OF ETHICS

***Our Mission:** Berkshire South Regional Community Center is a charitable non-profit organization whose purpose is to improve the quality of community life. Together, our mission is to build a sense of community and common purpose throughout the region, and to enhance the recreational, educational, cultural, health and social well-being of the residents of Southern Berkshires. Berkshire South is a non-sectarian, non-profit organization open to all, regardless of the ability to pay.*

**As a participant of this program I understand that I need to follow the rules and guidelines, that all members are expected to follow.
We are not only a fitness room but a community center.**

Please Remember:

- No food allowed in the fitness room
- No cell phones in the fitness room, locker rooms, or saunas
- No cursing or using any inappropriate vulgar language
- No loitering (awareness of members, sitting on equipment in between sets)
- You must have proper fitness attire (jeans are not allowed, no mid-ripts)
- You must have athletic footwear (sandals, heels, or open toe shoes are not allowed)
- Be courteous to other members, clean weights, put weights back after using them
- No banging, clanging, or slamming of the weights
- You must sign up before using any cardio equipment
- Cardio equipment can only be used for 35 minutes at a time
- The fitness room closes 15 minutes before the center
- Lockers are available for use or rent (BSRCC is not responsible for any lost belongings)
- Black-soled shoes are not allowed in gymnasium, shirts are required
- Mats are available for program use only
- No one under 18 years of age is allowed to use the saunas
- You must shower before using the pool (Massachusetts state law)
- Proper swimwear is required at all times (No jeans, cutoffs or shorts)
- No running, pushing, or inappropriate behavior permitted in the pool area
- Anyone misusing equipment or the facilities may be asked to leave

This is a very special program designed to teach, guide, and support you in your journey to learn and keep a healthy lifestyle. If any policies are broken you take the risk of not being allowed to finish the program.

Participant's Signature

Date

Parent's Signature

Date