



BERKSHIRE SOUTH REGIONAL COMMUNITY CENTER

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TONE Program

Teen Outreach Nutrition Exercise (TONE) program aims to improve the health and well-being of young people ages 12 to 18. As participants progress through the 3-month program, they'll earn a free membership and compete for prizes along the way! Each participant must attend a fitness room orientation with one of our qualified staff members prior to starting. This program opens in January and goes through May. Enrollment is free and on a rolling basis from January through March. (Our Summer/Fall TONE program will run July - November). Participants get full access to a Berkshire South membership which includes access to the Norris Aquatics Center (pool), the Fitzpatrick Fitness Center (exercise equipment), Beinecke Gymnasium (courts and stretch space) and all of our classes. Fee-based classes are also available to TONE program participants at the Member rate.

TONE Perks:

- FREE 3-Month Youth Membership (to complete requirements; see below)
- Personalized Wellness Plan
- Compete to Win Prizes
- Earn Community Service Credits
- Exclusive TONE Nutrition Workshops
- Earn a FREE 6-Month Youth Membership (upon meeting requirements)

Tone Requirements:

- Fill out the required participant contract (requires parental/guardian signature) and questionnaire
- Sign up on our website for an orientation offered on the first Tuesday of each month. Attend the orientation, get your program card, and start earning points!
- In the 3 months that you are here, you must earn a minimum of 350 points to earn a free 6-month membership. Of those 350 points, you **MUST** earn the following:
 - Minimum of 25 hours of personal fitness (10 pts./hour=250 points)
 - Minimum 2 nutrition classes (20 pts. each=40 pts.)
 - Minimum 2 hours of community service (30 pts. each=60 points)
- Want to earn more points? You can:
 - Log more than 25 hours of personal fitness and earn an extra 10 points/hour
 - Attend more than 2 nutrition classes
 - Perform more than 2 hours of community service
 - download the Mindshift app, show it to the fitness staff and score an extra 25 points!



BERKSHIRE SOUTH REGIONAL COMMUNITY CENTER

- Answer the nutrition questions correctly and earn an extra 5 points

STONE Member Contract

PLEASE PRINT LEGIBLY. ONE PARTICIPANT PER FORM. SIGNATURE REQUIRED.

Participant First Name _____ Last Name _____

Date of Birth _____ School _____

Mailing Address _____

City _____ State / Zip _____

Contact Phone _____ Email _____

Parent/Guardian

Name: _____

Emergency Phone (____) _____ Email: _____

Address: _____

City _____ State _____ Zip: _____

Are you a BSRCC Member? _____



BERKSHIRE SOUTH REGIONAL COMMUNITY CENTER

Terms and Conditions

All Memberships are 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 House: 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.

Code of Ethics: I have reviewed the TONE Code of Ethics with my child, paying special attention to, and discussing appropriately, the General Policies and Guidelines of the Center. ([Appendix A](#))

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 and give permission for my child to participate in the TONE program.

Signature of TONE Participant _____ Date _____

Signature of Parent/Guardian _____ Date _____



BERKSHIRE SOUTH REGIONAL COMMUNITY CENTER

Parental Permission/Medical Clearance and Care

PLEASE PRINT LEGIBLY. **SIGNATURE REQUIRED.**

I attest that my child 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.

FIRST AID AND EMERGENCY MEDICAL CARE CONSENT

Participant's Name _____

I authorize Berkshire South Regional Community Center Staff, trained in the basics of CPR and first aid, to give my child first aid care including CPR when appropriate.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize Berkshire South Regional Community Center Staff to request EMS transport for my child to the nearest medical care facility and/or to secure necessary medical treatment for my teen.

Parent/Guardian Name

Signature _____ Date _____



BERKSHIRE SOUTH REGIONAL COMMUNITY CENTER

BERKSHIRE SOUTH REGIONAL COMMUNITY CENTER MEDIA RELEASE

In consideration of the engagement as a model of the minor named below, and for other good and valuable consideration herein acknowledgment as received, upon terms herein stated, I hereby grant Berkshire South, its Executive Director, and any staff, his/her legal representatives and assigns, 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 and waive any right that you 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, before its execution, and that I am fully familiar with the contents therein.

Minor's Name:

Signature: (Father) (Mother) (Guardian) Printed Name:

Name _____

Signature _____ Date _____



BERKSHIRE SOUTH REGIONAL COMMUNITY CENTER

Appendix A - 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.

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 wear proper fitness attire (jeans are not allowed, no exposed torsos)
- 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.



BERKSHIRE SOUTH REGIONAL COMMUNITY CENTER

STONE QUESTIONNAIRE & LIFESTYLE FORM

Name: _____ Date: _____ High School: _____

Physical Activity:

1. Do you engage in any physical activities of your own outside of the school's required Physical Education class? Yes. If so, what activity and how often?

No

2. What barriers, personal or otherwise, stand in your way of exercise?

3. What physical activities have you been successful with in the past?

4. Do you or are you interested in playing sports?

Yes

No

5. Why do you think it is important to include exercise in one's life?

6. What are the benefits of cardiovascular exercise?

7. What are the benefits of strength training?



BERKSHIRE SOUTH REGIONAL COMMUNITY CENTER

Support:

8. Do you feel your parents, friends or family will support you in your efforts at physical activities? Yes No

9. Do you think your attempts at physical activities will lead to negative feelings from people close to you? Yes No

Leisure:

10. What do you usually do after school?

Nothing

Activities by yourself:

Activities with

friends: _____

On weekends:

11. What types of activities do you consider fun?

Stressor:

12. What types of things make you feel stressed? _____

13. How do you normally handle stress?



BERKSHIRE SOUTH REGIONAL COMMUNITY CENTER

14. On a scale of 1-10 (1 being not stressed at all and 10 being extremely stressful), how would you rate your typical stress level? _____

Dietary Patterns:

15. Do you have any food allergies?

- Yes
- No

If yes, please list them:

15. How many meals and/or snacks do you have per day? _____/_____

16. Do you feel you eat 'healthy' most of the time?

- Yes
- No

17. How did you find out about the TONE program?

18. What goals do you hope to achieve from this program?
