

## Leech Lake Diabetes Fitness Center Membership Packet

---

The Leech Lake Diabetes Fitness Program is funded by the Indian Health Service and the Leech Lake Band of Ojibwe for the prevention and control of diabetes. The following forms must be completed and updated yearly in order to join the Leech Lake Diabetes Fitness Program. If you are under 18 you must have a parent or guardian signature.

---

### Contact Information:

Fitness Director - Eric Jackson  
Phone: (218) 335-2081  
Fax: (218) 335-6252

### Hours of Operation:

|                 |                     |
|-----------------|---------------------|
| Monday-Thursday | 7:00 am to 7:00 pm  |
| Friday          | 7:00 am to 6:00 pm  |
| Saturday        | 9:00 am to 12:00 pm |

#### Free Membership:

\*It is our policy that you must show proof of one of the eligibility requirements.\*

-Persons of minimum  $\frac{1}{4}$  blood quantum of recognized tribal affiliation.

-Current employee of the LLBO, MCT, LL Gaming, Tribal Police, LLTC or IHS.

\*Photo tribal ID, photo work badge, IHS letterhead prescription from provider, letter from MCT/tribe stating your blood quantum, letter from supervisor stating current employment, current pay stub

#### Public Fee Option:

Individual Pass Options:

|           |          |
|-----------|----------|
| 1 day     | \$5.00   |
| 1 week    | \$15.00  |
| 1 month   | \$30.00  |
| 3 months  | \$75.00  |
| 6 months  | \$130.00 |
| 12 months | \$240.00 |

Family Pass Options:

|           |          |
|-----------|----------|
| 1 month   | \$50.00  |
| 3 months  | \$125.00 |
| 6 months  | \$220.00 |
| 12 months | \$340.00 |

\*Immediate family ONLY

*NOTE: These fees are non-refundable and non-transferable.*

## Leech Lake Diabetes Fitness Center Membership Packet

### GYM RULES:

- Diabetic clients have first priority on the equipment
- Use equipment at your own risk
- Sanitize equipment after use
- Return all equipment after use and re-rack your weights
- No horseplay allowed
- Appropriate footwear required while using equipment and lifting weights
- Know your limits; use a spotter as needed
- No gym bags, coats, etc. on gym floor; use lockers and coat rack
- Not responsible for lost or stolen items; locks available upon request
- No food allowed on the gym floor
- All liquids must be in containers with lids
- For safety reasons, no children under 10 allowed
- Be considerate of others

**Code of Behavior:** All fitness center participants are required to conduct themselves in an appropriate manner. Inappropriate language (swearing, derogatory terms, etc.), inappropriate behavior and harassment are not allowed on the premises. Proper use of the equipment is required. If you do not know how to operate the machines, the fitness staff will be happy to assist you. There is a zero tolerance policy when it comes to horseplay in the fitness center and on the machines. **You will be asked to leave if you do not follow the Code of Behavior and Gym Rules!**

### Age restrictions:

Children 13 and under must have an adult with to supervise them during each visit.

Children 11 and under must have a medical clearance on file.

For safety reasons, no children under 10 allowed.

Young adults 14-17, who do not follow the Gym Rules and Code of Behavior, will need to have an adult accompany them on future visits.

**Lockers/Showers:** Lockers are available for your use while working out; there is no overnight storage. If you want to use a lock, you can sign one out, free of charge, from the Fitness Staff. Showers are also available. You must provide your own towel and shower supplies.

**Pool Agreement:** The Leech Lake Diabetes Fitness Program has an agreement with the Palace and Northern Lights Hotels for members of the Fitness Center to use their pools free of charge. You must obtain signed documents from the Fitness Staff to bring to the hotel. All rules and regulations of the hotel pool must be followed and will be enforced.

**Medical Clearance:** If the Health History Questionnaire identifies a medical condition, you must have a medical clearance to exercise. Please ask Fitness Staff for a blank copy of our medical clearance form for your medical provider to fill out.

# Leech Lake Diabetes Fitness Center Membership Packet

All Sections must be filled out COMPLETELY and returned to fitness staff. This form is confidential. By completing this form it helps ensure safety of participation and it will assist the fitness personnel in assessing the need for a medical clearance.

## CONTACT INFORMATION

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Primary Phone Number: \_\_\_\_\_ Secondary Phone Number: \_\_\_\_\_  
Doctor: \_\_\_\_\_ Hosp/Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_  
Emergency Contact Person: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

## HEALTH HISTORY QUESTIONNAIRE

- |  |             |    |
|--|-------------|----|
| <b>1) Heart attack, heart surgery, chest pain or stroke:</b> Heart attack, bypass surgery, stent surgery, pacemaker, pericarditis, aneurysm, etc.  | YES<br>(MC) | NO |
| <b>2) High blood pressure:</b> Has a doctor ever told you that your blood pressure was too high? Blood pressure readings higher than 140/90 mmHg confirmed on two or more separate occasions or currently taking high blood pressure medication. | YES<br>(MC) | NO |
| <b>3) Muscle, bone or joint disorder:</b> Arthritis, back pain, etc.   | YES<br>(MC) | NO |
| <b>4) Diabetes/Pre-diabetes</b>  | YES<br>(MC) | NO |
| <b>5) History of breathing or lung problems:</b> Asthma, COPD, emphysema, chronic bronchitis, cystic fibrosis, etc.  | YES<br>(MC) | NO |
| <b>6) Have you had surgery in the past 12 months (or are still under the care of a physician)?</b><br>When? _____ What? _____  | YES<br>(MC) | NO |
| <b>7) Are you currently pregnant or gave birth in the past 6 months?</b>   | YES<br>(MC) | NO |
| <b>8) Are you over 60 years of age and NOT accustomed to vigorous exercise?</b>  | YES<br>(MC) | NO |
| <b>9) Other:</b> _____   |             |    |

**Please circle any of the following medications you are currently taking:**

|                    |                          |                          |
|--------------------|--------------------------|--------------------------|
| Diabetes oral (MC) | High blood pressure (MC) | Blood thinner (MC)       |
| Insulin (MC)       | Diuretic (MC)            | Asthma oral/inhaler (MC) |
| Hearth rhythm (MC) | Nitroglycerin (MC)       | Other: _____             |

**Leech Lake Diabetes Fitness Center  
Membership Packet**

**ASSUMPTION OF RISK AND RELEASE AGREEMENT**

The undersigned, in using the Fitness Center(s) established by the Leech Lake Diabetes Fitness Program and the facilities and equipment located therein, does so at his/her own risk. The Leech Lake Band of Ojibwe and the Indian Health Service Diabetes Program, their employees and agents shall not be liable to the undersigned, his/her heir, executor, administrator or assigns for any damages arising from personal injuries or death sustained by the undersigned in or about the premises from any cause whatsoever. In consideration of being allowed to use said facilities, the undersigned assumes full responsibility for any injuries (including death) or damages which may occur to the undersigned in or about the premises from any cause whatsoever, and the undersigned does hereby fully and forever release and discharge the Leech Lake Band of Ojibwe and the Indian Health Service Diabetes Program, their employees, and agents from action, present and future, whether the same be known, anticipated, or unanticipated, resulting from or arising out of the undersigned's use or intended use of the premises and the facilities and equipment located therein, except benefits available under health, vision, disability, etc., benefit plans of general application to employees of the Leech Lake Band of Ojibwe as are in effect from time to time.

I **HAVE READ** and **UNDERSTAND** the aforementioned Assumption of Risk and Release Agreement:

\_\_\_\_\_

Participant's Printed Name

\_\_\_\_\_

Date

\_\_\_\_\_

Participant's Signature

\_\_\_\_\_

Parent Signature if under 18 years of age



**FOR FITNESS STAFF USE ONLY**

- General
- MC – Needed or On File
- Free Membership
- Public Fee Option
- Renewed membership

Proof: \_\_\_\_\_

Staff Initials: \_\_\_\_\_

# Leech Lake Diabetes Fitness Center Membership Packet

## GYM RULES:

- Diabetic clients have first priority on the equipment
- Use equipment at your own risk
- Sanitize equipment after use
- Return all equipment after use and re-rack your weights
- No horseplay allowed
- Appropriate footwear required while using equipment and lifting weights
- Know your limits; use a spotter as needed
- No gym bags, coats, etc. on gym floor; use lockers and coat rack
- Not responsible for lost or stolen items; locks available upon request
- No food allowed on the gym floor
- All liquids must be in containers with lids
- For safety reasons, no children under 10 allowed
- Be considerate of others

## AGE RESTRICTIONS:

- Children 13 and under must have an adult with to supervise them during each visit.
- Children 11 and under must have a medical clearance on file.
- For safety reasons, no children under 10 allowed.
- Young adults 14-17, who do not follow the Gym Rules and Code of Behavior, will need to have an adult accompany them on future visits.

**CODE OF BEHAVIOR:** All fitness center participants are required to conduct themselves in an appropriate manner. Inappropriate language (swearing, derogatory terms, etc.), inappropriate behavior and harassment are not allowed on the premises. Proper use of the equipment is required. If you do not know how to operate the machines, the fitness staff will be happy to assist you. There is a zero tolerance policy when it comes to horseplay in the fitness center and on the machines. **You will be asked to leave if you do not follow the Code of Behavior and Gym Rules!**

**I HAVE READ and UNDERSTAND the above stated Gym Rules, Age Restrictions, and Code of Behavior. I understand that if I do not follow them I will be asked to leave. If I am between the ages of 14 and 17 and do not follow the House Rules and Code of Behavior I understand that I will need to have an adult accompany me on future visits.**

---

Participant's Printed Name

Date

---

Participant's Signature

---

Parent Signature if under 18 years of age