



City of Bellevue Parks & Community Services

Fitness Pass Agreement

South Bellevue Community Center

Fitness Pass Holder Information

Primary Pass Holder Name: _____ Birthdate: _____
Parent/Guardian Name: _____ Birthdate: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Primary Pass Holder Email: _____
Emergency Contact: _____ Relationship: _____
Emergency Phone: _____ Emergency Email: _____

Fitness Pass Plan

Fitness Pass Term: ☐ *Monthly ☐ 20 Visit

** Monthly pass requires recurring credit card charge.*

Bellevue Resident: ☐ Yes ☐ No

Fitness Pass Type: ☐ Adult ☐ Teen ☐ Single Adult w/children 13-23
☐ 2 Adults (no children) ☐ 2 Adults w/children 13-23 ☐ 3 Adults (no children)

** Adults (spouses/partners) and all children must live in the same household.*

Payment Type: ☐ Credit Card (Visa/MasterCard) ☐ Cash ☐ Check

Cancellations must be submitted in writing or via an Amendment Form, which is available at the front desk.

Additional Pass Holders on Fitness Pass Plan

* All pass holders must have a signed waiver on file. If under 18, a parent or guardian must sign the waiver form.

Pass holder First Name	MI	Last Name, if different	Birthdate	Sex

Included in fitness pass/admission fees: Fitness Center Orientation, Fitness Center access (cardio and weights), locker rooms, Gymnasium for Drop-in sports, and basic assistance from the Fitness Center staff.

Additional fees required for: climbing wall, fitness classes, and personal training.

I understand that the facility will be closed for maintenance procedures, emergencies, and inclement weather or be used as an emergency shelter. No refunds will be given for such closures.

I have read and understand my rights and responsibilities as a Fitness Pass holder at South Bellevue Community Center:

Signature: _____ Date: _____

OVER →

WAIVER OF LIABILITY/PHOTO & VIDEO RELEASE PLEASE READ CAREFULLY

In consideration of myself and/or my child(ren) being allowed to use City of Bellevue Parks & Community Services facilities and/or participate in the City-sponsored activity(ies) identified herein, I ASSUME ANY AND ALL RISKS, INCLUDING RISK OF INJURY OR DEATH, associated with me or my child(ren)'s use of said facilities and/or participation in said activities. I further agree on behalf of myself, my heirs, executors, assigns, and personal representatives, to waive and RELEASE any and all rights and claims for damages, including attorney fees, I now, or may hereafter have, whether known or unknown, against the City of Bellevue and its officials, employees, and agents for any injuries suffered by me or my child(ren) in connection with the use of City facilities or participation in the City-sponsored activity(ies) identified herein. I acknowledge that I have carefully read this WAIVER OF LIABILITY and fully understand that I am waiving any right that I may have to bring a legal action or to assert a claim against the City of Bellevue in connection with the use of City facilities or participation in the City-sponsored activity stated below.

PHOTO/VIDEO RELEASE: I give my permission to have photos and/or video and audio recordings taken of me or my child(ren) during City of Bellevue activities and authorize the City of Bellevue to copyright, use, and publish the same. I understand I am waiving any right of privacy, compensation, copyright, or other ownership right connected to the photo or recording. If you do not give permission to have photos and/or video and audio taken of you or your child(ren), please contact the main office at 425-452-6885 or Parksweb@bellevuewa.gov.

Participant's or Parent/Guardian Signature

Date

Printed Name

Participant's or Parent/Guardian Signature

Date

Printed Name

Participant's or Parent/Guardian Signature

Date

Printed Name



City of Bellevue Parks & Community Services Authorization for Automatic Payments at South Bellevue Community Center

Use this form for **Credit Card** reoccurring charges.

I have read, understand, and agree to the EFT Policy and Procedures and have received a copy for my records. I authorize the City of Bellevue to automatically charge my credit card/debit card on the same business day of each month for a South Bellevue Community Center Fitness Pass through City of Bellevue Parks & Community Services and, if necessary, to adjust or reverse a payment for any entry made to my account or credit card in error.			
Type of Credit Card/Debit: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard	Credit Card Number: _XXXX - XXXX - XXXX - _ _ _ _	Expiration Date: _ / _	Amount: \$ _____
Customer Name (as it appears on credit card or bank account)		Telephone Number	
Customer Address			
Billing Address (if different from above)			
Customer Signature X		Date Signed	
1. This authorization will remain in effect until South Bellevue Community Center has received written notification in person 10 days prior to the effective date of termination or hold.			

I have carefully read and agree to all of the terms and conditions listed in this agreement.

Authorization Signature: _____ **Date:** _____

Fitness Pass Holder Name (if different from above): _____

South Bellevue Community Center Customer Service

Representative Signature: _____ **Date:** _____



Sudden Cardiac Arrest Information Sheet

What is sudden cardiac arrest? Sudden Cardiac Arrest (SCA) is the sudden onset of an abnormal and lethal heart rhythm, causing the heart to stop beating and the individual to collapse. SCA is the leading cause of death in the U.S.

SCA is also the leading cause of sudden death in young athletes during sports

What causes sudden cardiac arrest? SCA in young athletes is usually caused by a structural or electrical disorder of the heart. Many of these conditions are inherited (genetic) and can develop as an adolescent or young adult. SCA is more likely during exercise or physical activity, placing student-athletes with undiagnosed heart conditions at greater risk. SCA also can occur from a direct blow to the chest by a firm projectile (baseball, softball, lacrosse ball, or hockey puck) or by chest contact from another player (called "commotio cordis").

While a heart condition may have no warning signs, some young athletes may have symptoms but neglect to tell an adult. If any of the following symptoms are present, a cardiac evaluation by a physician is recommended:

- Passing out during exercise
- Chest pain with exercise
- Excessive shortness of breath with exercise
- Palpitations (heart racing for no reason)
- Unexplained seizures
- A family member with early onset heart disease or sudden death from a heart condition before the age of 40

How to prevent and treat sudden cardiac arrest? Some heart conditions at risk for SCA can be detected by a thorough heart screening evaluation. However, all schools and teams should be prepared to respond to a cardiac emergency. Young athletes who suffer SCA are collapsed and unresponsive and may appear to have brief seizure-like activity or abnormal breathing (gasping). SCA can be effectively treated by immediate recognition, prompt CPR, and quick access to a defibrillator (AED). AEDs are safe, portable devices that read and analyze the heart rhythm and provide an electric shock (if necessary) to restore a normal heart rhythm.

Remember, to save a life: recognize SCA, call 9-1-1, begin CPR, and use an AED as soon as possible!

Cardiac 3-Minute Drill

1. RECOGNIZE Sudden Cardiac Arrest

- Collapsed and unresponsive
- Abnormal breathing
- Seizure-like activity

2. CALL 9-1-1

- Call for help and for an AED

3. CPR

- Begin chest compressions
- Push hard/ push fast (100 per minute)

4. AED

- Use AED as soon as possible

5. CONTINUE CARE

- Continue CPR and AED until EMS arrives

AED: Be Prepared! Every Second Counts!

Information courtesy of:

Nick of Time Foundation
PO Box 14178
Mill Creek, WA 98082
206-457-5270
www.nickoftimefoundation.org

By signing below, I accept the conditions printed above and I acknowledge that I have carefully reviewed and understand the Concussion Information Sheet.

Participant Name Printed

Participant Signature

Date

If participant is under the age of 18:

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date



Concussion Information Sheet

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

- | | |
|--|--|
| <ul style="list-style-type: none">• Headaches• “Pressure in head”• Nausea or vomiting• Neck pain• Balance problems or dizziness• Blurred, double, or fuzzy vision• Sensitivity to light or noise• Feeling sluggish or slowed down• Feeling foggy or groggy• Drowsiness• Change in sleep patterns | <ul style="list-style-type: none">• Amnesia• “Don’t feel right”• Fatigue or low energy• Sadness• Nervousness or anxiety• Irritability• More emotional• Confusion• Concentration or memory problems (forgetting game plays)• Repeating the same question/comment |
|--|--|

Signs observed by teammates, parents and coaches include:

- | |
|---|
| <ul style="list-style-type: none">• Appears dazed• Vacant facial expression• Confused about assignment• Forgets plays• Is unsure of game, score, or opponent• Moves clumsily or displays incoordination• Answers questions slowly• Slurred speech• Shows behavior or personality changes• Can’t recall events prior to hit• Can’t recall events after hit• Seizures or convulsions• Any change in typical behavior or personality• Loses consciousness |
|---|

What can happen if my child keeps on playing with a concussion or returns too soon?

Participants with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the participant suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage participants will often fail to report symptoms of injuries. Concussions are no different. As a result, education of administrators, coaches, parents and students is the key to participant's safety.

If you think your child has suffered a concussion

Any participant even suspected of suffering a concussion should be removed from the game or practice immediately. No participant may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the participant should continue for several hours. The new "Zackery Lystedt Law" in Washington now requires the consistent and uniform implementation of long and well-established return-to-play concussion guidelines that have been recommended for several years:

"a youth participant who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time"

and

"...may not return to play until the participant is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider".

You should also inform your child's coach if you think that your child may have a concussion. Remember it's better to miss one game than miss the whole season. **And when in doubt, the participant sits out.**

For current and up-to-date information on concussions you can go to:

<http://www.cdc.gov/ConcussionInYouthSports/>

By signing below, I accept the conditions printed above and I acknowledge that I have carefully reviewed and understand the Concussion Information Sheet.

Participant Name Printed

Participant Signature

Date

If participant is under the age of 18:

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature Date