

Male Seminary Recreation Center

1501 Graham Avenue
Tahlequah, OK 74464
Phone: (918)453-5496
Fax: (918)458-4466

Hours of Operation:

Monday-Thursday 5:00am-9:00pm
Friday 5:00am-7:00pm
Saturday & Sunday 8:00am-5:00pm

Child Watch Hours of Operation:

Monday & Tuesday 8:00am - 1:00pm & 4:00pm - Close
Wednesday - Sunday 8:00am - Close

Enrollment Fees:

Cherokee Citizen Free of Charge
(Including immediate family members)

Cherokee Nation Employees Free of Charge
(Including immediate family members)

Non-Citizen Community member's Individual \$20.00/month

Non-Citizen Community Member's Family \$30.00/month

(Immediate family consist of spouse and children under 18)

Available Services:

- Nationally Certified Personal Trainers (on duty - Monday – Friday: 5:00 a.m. – 9:00 p.m.) Trainers can assess individual needs for physical activity, nutrition, and health promotion and develop personalized plans for effective physical activity and health promotion programs. Individuals may schedule appointments with personal trainers for both assessment and personal training needs. When trainers are not working with clients, they will be available on the floor of both the strength and cardio rooms for assistance.
- Variety of cardiovascular training equipment (treadmills, elliptical trainers, and stationary bikes) and strength training equipment with assistance on appropriate usage by center staff
- Specialty physical activity classes including boot camp, yoga, aerobics, and core training. Other specialty classes may be offered based on request and availability.
- On-site child care
- Recreation leagues for both adults and children including basketball, softball, volleyball, and flag football.

**Cherokee Nation Health Services
Male Seminary Recreation Center
Enrollment Form and Waiver**

Personal Information:

Name: _____ DOB: _____ Age: _____
Address: _____ Home Phone: _____
City/Zip: _____ Work Phone: _____
E-mail: _____

Please check all that apply:

Cherokee Citizen? Registration # _____ Spouse # _____
Employee of the Cherokee Nation? Yes Employee # _____ Spouse Employee # _____
Community Individual Plan (\$20.00) Community Family Plan (\$30.00)

Emergency Contact:

Name: _____ Phone Number: _____

Waiver of Responsibility/Liability for Personal Injury

I, _____, do hereby waive the right to hold responsible The Cherokee Nation, or any of its entities, or any person or individual connected with the Male Seminary Recreation Center, Cherokee Nation/Healthy Nation, The Cherokee Nation or any of its entities of any injury which I might incur while on the premises of the Male Seminary Recreation Center or while utilizing any of the equipment therein. Any injury that I might incur while on said premises will be my sole responsibility.

Signature

Parent Signature (if applicable)*

Date

***Parent/guardian MUST sign if the participant is under 18 years of age and supply the following**

Physical Activity Readiness Questionnaire

PAR-Q

Physical activity should not pose any health problem or hazard for most people. PAR-Q has been designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them.

Common sense is your best guide in answering the following questions. Please read them carefully and check the appropriate answer to each question that applies to you.

	YES	NO
• Have you ever been told by your doctor that you have heart problems?	0	0
• Do you occasionally have pains in your chest and/or heart?	0	0
• Do you often feel faint or have spells of severe dizziness?	0	0
• Have you ever been told that you have high blood pressure?	0	0
• Has a physician told you that you have a bone or joint problem, such as arthritis, that has been or could be aggravated by exercise?	0	0
• Do you have any type of physical ailment that would prevent you from following an activity program?	0	0
• If you are over 65, are you accustomed to vigorous exercise?	0	0

If you answered YES to any questions other than the last one

You must have your physician sign a medical release form before becoming a member and engaging in any physical activity at the Male Seminary Recreation Center.

If you answered NO to all questions, except for the last one....

You have reasonable assurance of your present suitability to participate in an exercise program.

Signature: _____

Date: _____

Male Seminary Recreation Center

Rules & Regulations

The following regulations have been established to ensure the safety of each person while using the Male Seminary Recreation Center. Your cooperation regarding the following rules is appreciated.

1. All members MUST CHECK IN at the front desk with a membership card. A \$5.00 fee will be charged for replacing a LOST card. If your card is damaged, please return it to the fitness center staff and it will be replaced at no charge. Guest are welcome to purchase a \$5.00 guest pass for the day.
2. You MUST be 12 years of age or over to use weight equipment or cardio machines. *CHILDREN AGES 12-15 MUST BE ACCOMPANIED BY A PARENT OR GAURDIAN AT MSRC.
3. Daycare will be offered from Monday & Tuesday 8:00am - 1:00pm & 4:00pm - Close, Wednesday - Sunday 8:00am - Close
4. Fitness Center members MUST wear appropriate shoes (tennis, running, gym). Absolutely No sandals or open toed shoes allowed. Please bring a pair of non-marking shoes with you in order to help keep our facility nice.
5. Fitness Center members MUST wear appropriate clothing (shorts, t-shirts, warm-up suits, leotards, etc).
6. Please return ALL weights, medicine balls, steps, mats, and other strength training and toning equipment to their designated racks and storage areas after use.
7. Please avoid banging weights together or dropping weights on the floor. If you are found dropping weights you will be asked to leave.
8. If you are found miss using or abusing any property owned by the MSRC, you will be held responsible for repairs.
9. Patrons are responsible for any personal items that are lost, stolen, or damaged at the MSRC.
10. Tobacco products are prohibited.
11. No weapons of any kind allowed on the premises. This includes those who have a carry permit. ALL WEAPONS PROHIBITED OTHER THAN LAW ENFORCEMENT.
12. Foul and/or abusive language will not be tolerated, as this is a family facility.
13. No fighting or other disruptive behavior will not be tolerated.
14. Food and beverages are not allowed in the fitness areas with the exception of capped, spill proof, non-glass containers.
15. Preventive maintenance is everyone's responsibility. As a patron please abide by the following:
 - a. Clean all equipment after each use.
16. ANYONE WHO DOES NOT ABIDE BY THESE RULES WILL BE ASKED TO LEAVE. MSRC RESERVES THE RIGHT TO REVOKE MEMBERSHIP IF THIS OCCURS.

Signature: _____

Date: _____

Male Seminary Recreation Center

Photograph Consent and Release Form

1. I hereby grant The Cherokee Nation, its agents and others working for it or on its behalf and their respective licensees, successors and assigns (herein referred to as the "tribe") the absolute right and permission to use, publish, reproduce, broadcast and copyright my name, pictures, likeness or any material based upon or derived there from, or to refrain from so doing, in any manner or media whatsoever for purposes of advertising or trade in promoting and publicizing the tribe.
2. I agree that my picture or likeness or anything derived there from created by the tribe is owned by it. If I should receive any print, negative or other copy, I shall not authorize its use by anyone else.
3. I shall have no right of approval, no claim to additional compensation and no claim (including without limitation, claims based upon invasion of privacy, defamation or right or publicity) arising out of any uses, alteration, distortion, or illusionary effect or use in any composite form.
4. I agree that this release does not in any way conflict with any existing commitment on my part.

_____ / ____ / _____
Participant Name (print) **Participant Signature** **Date**

_____ / ____ / _____
Parent/Legal Guardian (print) **Parent/Legal Guardian Signature** **Date**

Child Watch

Hours of Operation

Monday & Tuesday 8:00am - 1:00pm & 4:00pm - Close

Wednesday - Sunday 8:00am - Close

- Available for children ages 6 weeks-11 years.
- No reservations. This is a drop-in service.
- Free for all Family Memberships (children that are in your immediate family). If the child is not your immediate family, their parent must be an active member of the gym and give a written consent that you have permission for that child.
- Capacity limit of 18 children in the room. (limit no more than two infants per worker)
- Staff may call parents/guardian if a diaper change/bathroom visit is needed, or feeding.
- If child cries for more than 10 minutes you will be notified.
- If child bites, hits, kicks, spots at another child or staff member you will be asked to remove them. If aggressive behavior continues on other visits, we reserve the right to discontinue service.
- 90 minute limit per day

Do **NOT** bring child if.

Your child is ill such as fever, diarrhea, vomiting, rash, discharge of the eyes, ears, or green discharge of the nose.

Please notify the Recreation Staff immediately if your child is diagnosed with a communicable disease, such as Chicken Pox.

PLEASE READ AND SIGN

Parent/Guardian Signature: _____

Date: _____

NAME OF CHILD	BIRTHDAY	ALLERGIES

Parent/Guardian Signature: _____

Date: _____