

Red Raider Community Fitness Facility



Member Guide

Welcome to membership in the Red Raider Community Fitness Facility.

In this guide, you will find valuable information about the Community Fitness Facility. We hope your experience using the facility brings you increased health and happiness.

Membership Fees:

Adults – 18+	\$130.00 per year
Senior Citizen - 60+	\$65.00 per year
College Students (w/current School ID)	\$40.00 per year
High/Middle School Students	FREE
Pulaski Community School District Employee & Spouse	\$85.00
Individuals	3 Month/\$40.00 6 Month/\$70.00

All membership applications and fees will be processed through Pulaski Pool at 911 S. Saint Augustine Street, Pulaski, WI 54162.

Entrance/Parking:

Please use the doors by the tennis courts which is labeled door#6. Members may use the parking lot by the tennis courts.

Dress/Apparel:

We encourage you to dress appropriately for your workout in the community fitness facility. Gym shoes and workout clothes are appropriate.

Music/TV:

The community fitness facility is equipped with a stereo system. Staff will be in charge of selecting upbeat and positive music during community hours. While using the aerobic equipment (treadmill, bikes, stepper etc.) you may choose to watch TV.

Inclement Weather/Snow Days:

It may be necessary to close the community fitness facility during inclement weather. The closing of the community fitness facility depends on whether or not it is safe for supervisory staff to travel to the high school to open. The rule of thumb is if it is unsafe for general travel, it is likely the community fitness facility will be closed. If the Pulaski Community School District has cancelled school due to inclement weather, the community fitness facility will also be closed.

Safety:

The safety of the individuals using the exercise equipment is a priority. If you do not know how to use a piece of equipment please ask a staff member.

Staff:

The community fitness facility has paid supervisory staff. However, they are not trained fitness professionals. Their duties are to effectively manage the community fitness facility during community hours. They do have limited knowledge on the operation of the machines.

Expectations:

All members of the Red Raider Community Fitness Facility are expected to display community values of the Pulaski Community School District, which are Tradition, Pride, and Excellence. Members behaving inappropriately may have their membership revoked. Refunds will not be given.

- ❖ Only water is allowed in the fitness facility.
- ❖ Please use disinfectant wipes to wipe off machines if you perspire on them.

Hours of Operation: Closed Sundays and Holidays**Hours**

Monday – Friday 5:00 am – 7:15 am
Monday – Thursday 5:00 pm – 8:00 pm



Red Raider Community Fitness Facility Membership Application

Member's Name: _____

Address: _____

Phone #: _____ Cell. #: _____

Email Address: _____

(check one)

- I am a resident of the Pulaski Community School District, or
- I work for the Pulaski Community Schools or work in Pulaski/surrounding area
- I am a Senior Citizen 60 years old or older.

Children grades 6-8 may use the facility only when accompanied by their parent. The parent must remain in the fitness facility at all times.

Expectations:

All members of the Red Raider Community Fitness Facility are expected to display a positive attitude. Members behaving inappropriately may have their membership revoked. Refunds will not be given.

- ❖ Only water is allowed in the fitness facility.
- ❖ Please use disinfectant wipes to wipe off machines if you perspire on them.

Liability Release: (All adults must sign)

I understand and appreciate that there are a number of inherent risks involved with using the Red Raider Community Fitness Facility and, therefore agree to follow any and all safety standards, guidelines and procedures established for using the facility. I agree to assume responsibility for any and all past, present and future loss or damage to property and/or bodily injury, including death, however caused, including negligence, from or arising out of any way connected with my using the facility. To this end, I irrevocably and unconditionally waive on behalf of myself, my heirs or legal guardian, any and all claims, demands, rights, damages, costs, losses, suits, actions, causes of action, attorneys' fees and expenses, of any nature whatsoever, against the Pulaski Community School District, its officers, employees, volunteers, agents, and the heirs, executors, and assigns for any injuries, foreseen and unforeseen, that should occur from my using the facility.

Signature Date

(Check One)

- | | | |
|---|-----------------|-----------------------|
| <input type="radio"/> Individual | \$130 | |
| <input type="radio"/> Senior | \$65 | Payroll Deduct: _____ |
| <input type="radio"/> PCS Employee/Spouse | \$85 | |
| <input type="radio"/> College Students | \$40 | |
| <input type="radio"/> Individuals | \$40/ 3 - Month | Total: _____ |
| <input type="radio"/> Individuals | \$70/ 6 - Month | |
| <input type="radio"/> PCS Students | FREE | |

- Enclose a check payable to Pulaski Community Schools and send or drop off the total amount to Pulaski Pool at 911 S. Saint Augustine Street, Pulaski, WI 54162.