

PRINT YOUR NAME HERE. \_\_\_\_\_

Date \_\_\_\_\_ Period \_\_\_\_\_ TEACHER \_\_\_\_\_

**WALTER REED MIDDLE SCHOOL  
UCLA HEALTH SOUND BODY SOUND MIND  
FITNESS CENTER RULES AND EXPECTATIONS**

**BE SAFE  
BE RESPECTFUL  
BE RESPONSIBLE**

1. Wear appropriate workout clothing, WITH APPROPRIATE ATHLETIC SHOES. Students must be in complete P.E. uniform. **EACH PERSON MUST BRING A PERSONAL TOWEL TO USE IN THE FITNESS CENTER.**
2. Always enter and exit from double doors in 153B. Door in room 153A is for emergencies ONLY.
3. Do not bring open food or drink into the Fitness Center. NO GUM! DO NOT DRINK WATER INSIDE THE FITNESS CENTER- EVERYONE MUST STEP OUT OF THE ROOM.
4. Backpacks and other personal items must be left in storage area at the front of 153B.
5. Use equipment ONLY when given permission. Do not change preset levels without permission.
6. Be Safe when using all equipment.  
RESISTENCE LEVELS MAY BE ADJUSTED TO PERSONAL ABILITIES. NOT TOO MUCH- NOT TOO LITTLE. SANDBELLS ARE TO BE USED AS INSTRUCTED WITH DESIGNATED EXERCISES. Excessive speed on any cardio machine can result in serious injury. Use equipment properly. Hold on to stationary handles when getting on and off elliptical. Respect all equipment. Report any abuse to the teacher.
7. Maintain a safe distance from machines when they are in use.
8. Clean equipment after use. Spray bottles with cleaning solution are available. Wipe off the equipment using your towel.
10. Though talking is allowed, low inside voices is appreciated.
11. NO HORSE PLAY (Keep YOUR HANDS to Yourself)- NO TOWEL SNAPPING-NO RUNNING in the Fitness Center.
12. Students and parents MUST watch the safety videos before student can use the equipment and pass the written Test with a score of 100% in order enter the Fitness Center

I have read and understand the rules and expectations when in the Sound Body Sound Mind Fitness Center. I have viewed the proper use video and passed the safety test with a score of 100%. I UNDERSTAND THAT IF I DO NOT COMPLY WITH THE RULES AND PROCEDURES I WILL LOSE MY PRIVILEGES TO USE THE CENTER. I HAVE ALSO INFORMED MY PARENTS/GAURDIANS OF THIS CONTRACT.

Student Signature \_\_\_\_\_ DATE \_\_\_\_\_

Parent Signature \_\_\_\_\_ DATE \_\_\_\_\_