



Interior
Department
Recreation
Association

IDRA Fitness Center

Membership Information & Application

1849 C St. NW, Washington, DC 20240

DOI MIB Room B-538

Fitness Center Hours: Monday-Friday 6:30AM - 7:30PM

Phone: 202-208-5756 Fax: 202-208-6976

*Email: interiorrec@yahoo.com * Website: www.interiorrec.org*

IDRA FITNESS CENTER PRICE LIST

All fitness center members must pay a **non-refundable \$25.00 Initiation Fee** in addition to the fees listed below. Members must also remain in good standing within the IDRA paying the **Annual Association fee of \$15** (DOI, OPM, GSA, Red Cross & DOI Retirees), or **\$17** (OAS, PAHO & DAR).

DOI/OPM EMPLOYEES

\$468.00 Annually

\$18.00 Biweekly*

*By payroll allotment. Payroll allotment is available only for DOI and OPM employees. Association and initiation fees must be paid upon joining.

GSA/RED CROSS EMPLOYEES

\$470.00 Annually*

\$243.00 Semi-Annually*

\$127.00 Quarterly*

*A \$2.00 billing fee will be charged upon renewal of annual, semi-annual or quarterly option. Association and initiation fees must be paid upon joining.

DAR/OAS/PAHO EMPLOYEES

\$480.00 Annually

\$40.00 Monthly*

*All employees of OAS, PAHO and DAR must have prior written approval from their Staff Association contact person for monthly deductions and must complete an IDRA Fitness Center Application. Association and initiation fees must be paid upon joining.

DOI RETIREES

\$257.00 Annually*

*Annual and association dues must be paid in full upon joining.

IDRA Services:

Fitness Center (B538) Mon-Fri 6:30am-7:30pm

Post Office (B348) Mon-Fri 8:00 am-3:30pm

Buying Service (B342) Mon-Fri 8am-4pm

Dry Cleaners (B342) Mon-Fri 8am-4pm

Barber Shop/Beauty Salon (B365) Mon-Closed, Tues-Fri 9am-4pm

By reading this information packet you have already taken the first step to beginning or continuing a healthier and more active lifestyle. We invite you to discover what we have to offer and see how you can enjoy the benefits of physical fitness.

The Interior Department Recreation Association (IDRA), a non-profit organization founded by members of the Department of Interior, provides the service of the fitness center for the employees of DOI and the employees of neighboring buildings. The IDRA Fitness Center provides its members with initiation and membership costs that are much lower than comparable facilities in the area and provides the convenience of being close to your workplace. All of the fitness center staff is nationally certified in group exercise, personal training, CPR and first aid. Our newly renovated fitness center is equipped with updated locker/shower facilities, a new heating ventilation air conditioning (HVAC) system, handicapped accessibility, skylights, saunas, an updated pro shop and other amenities.

Services offered by the IDRA Fitness Center

- Cardiovascular Equipment including treadmills, ellipticals, steppers
- Rowing machines, recumbent & upright stationary bicycles, machines and a variety of weight benches
- A variety of Cybex equipment
- Individualized fitness workouts
- Basketball Court
- Group Exercise Classes
- Massages by a certified massage therapist*
- Fitness Assessments*
- Golf Outings*
- Sauna
- Locker Rentals*

(*These items require an additional cost)

GROUP EXERCISE SCHEDULE

MONDAY

11:15AM – 12:00PM - Yoga
12:15PM-1:15PM - Bootcamp

WEDNESDAY

11:30AM – 12:15PM – Women on Wt.'s
12:35PM-1:20PM – Cardio Step Express

FRIDAY

11:30AM – 12:15PM – Women on Wt.'s

(We encourage members of all fitness levels to participate in our group fitness program)

TUESDAY

11:45AM-12:30PM – Zumba

THURSDAY

11:15AM-12:00PM- Pilates
12:15PM – 1:15PM – Bootcamp

IDRA FITNESS CENTER GROUP EXERCISE CLASS DESCRIPTIONS

BOOT CAMP: This knockout class combines the power and precision with the energy of aerobics. Build strength and fitness through a variety of intense group intervals, that is both challenging and fun!

CARDIO STEP EXPRESS: A high-energy class that combines innovative choreography with powerful, exciting moves designed to challenge your muscles.

ZUMBA: A brand name for a fitness program consisting of dance and aerobic exercise routines performed to popular and mainly Latin-American music.

PILATES: A system of physical conditioning involving low impact exercise stretches designed to strengthen muscles of the torso and often performed with specialized equipment.

YOGA: Mindfully integrate movement with breath. This yoga flow class is open to all levels of yoga fitness. Build flexibility, and core strength through creative and fun yoga poses!

WOMEN ON WEIGHTS

FITNESS ASSESSMENT & INDIVIDUALIZED EXERCISE PROGRAM

The IDRA Fitness Center provides an optional fitness assessment and individualized exercise program to its members for **\$8.00**. If you opt for this program, you will take part in an interesting set of tests that will determine your present level of physical fitness. The test results will then be used by the fitness center staff to develop an exercise program that would be tailored to your needs and abilities. This information can also be compared to later tests to indicate improvement in your physical fitness. Completion of a medical history questionnaire and clearance by Fitness Center staff are required to participate in this program. Below is a summary of the procedures at each appointment. The procedures may be modified for some individuals at the discretion of the Fitness Center Staff.

FITNESS ASSESSMENT

The testing procedure lasts approximately 35 minutes. You should wear regular exercise clothing. To obtain an accurate assessment of your physical condition it is recommended that you avoid eating two hours before testing. Also, avoid caffeinated coffee, tea, sodas and smoking cigarettes for four hours prior to testing, since any of these will elevate your heart rate and can affect the results of some tests.

Interior Department Recreation Association
FITNESS CENTER APPLICATION

_____ Date of Application
_____ \$25.00 Initiation Fee (Non-Refundable)

IDRA Annual Membership Fee (Select One):

_____ \$15.00 Annual Association Fee (DOI, OPM, GSA, RED CROSS
& Retirees)
_____ \$17.00 Annual Association Fee (DAR, OAS, & PAHO)

Payment Method (Select One):

_____ Bi-weekly/Payroll Allotment (DOI, OPM)
_____ Monthly (OAS, PAHO, DAR)
_____ Quarterly
_____ Semi-Annually
_____ Annually
_____ Temporary
_____ DOI Retirees

Employment:

_____ DOI _____ OPM _____ OAS _____ PAHO _____ DAR _____ GSA _____ STATE
_____ RED CROSS _____ FRB _____ OTHER

(DOI employees please circle bureau below)

BIA BLM BOR FWS BOEM BSEE NBC NPS OIG OS OSM USGS SOL BIE

(Please print clearly)

_____ First Name _____ MI _____ Last Name
_____ Date of Birth _____ M/F
_____ Street Address
_____ City _____ State _____ Zip Code
_____ Office Phone _____ Home Phone _____ Signature
_____ E-mail address

MEDICAL HISTORY/PHYSICAL ACTIVITY QUESTIONNAIRE

Privacy Act Statement P.L. 93-579 Authority: 5 U.S.C. Section 522a.

All IDRA Fitness Center members are required to complete the medical history/physical questionnaire prior to beginning an exercise program. This information may be used by the Fitness Center staff for the purposes of creating a safe and effective individual exercise program or as an aid in identifying contraindicated exercises or activities. All information in this questionnaire will be kept **confidential**; however, it may be transferred anonymously to outside health and fitness authorities for the purposes of consultation or research.

Name _____ Sex _____ Date of Birth _____
Last First

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Occupation _____

Your personal Physician _____ Phone _____

Emergency Contact _____ Phone _____

If you answer "yes" to any of the following questions please explain in the space provided below.

Has a physician ever indicated that you must limit your physical activity? _____

Do you ever feel pain or a tight squeezing sensation in your chest? _____

Do you presently have or have you in the past encountered lower back problems? _____

Have you ever suffered from dizzy spells? _____

Any chronic or recent ailments? (sprains, injuries, pains, surgeries) _____

If you are presently using any type of medication, please fill in the information below.

Name of Medication _____ Reason for Taking _____

Daily Dose _____ Duration of Use _____

If any of the following conditions presently apply to you, please indicate with a check.

- ☐ Personal history of heart disease or heart attack
- ☐ Family history of heart disease (blood relative) If checked, whom: _____
- ☐ Presence of an arrhythmia
- ☐ Presence of a heart murmur
- ☐ Evidence of an abnormal EKG
- ☐ High blood pressure (140/90 or higher)
- ☐ High cholesterol. Your level if known _____
- ☐ Cigarette smoker. If checked, how many cigarettes daily? _____
- ☐ Pre natal or post natal
- ☐ Recovering from surgery
- ☐ Have had a stroke
- ☐ Neurological complications including convulsive disorders and intracranial bleeding
- ☐ Anemia
- ☐ Diabetes
- ☐ Infectious illnesses during the acute or chronic stages
- ☐ Lung disorders of an acute or chronic nature including bronchial asthma
- ☐ Severe pulmonary insufficiency
- ☐ Any recent history of gastrointestinal bleeding
- ☐ Renal diseases or complications

IDRA FITNESS CENTER RULES & REGULATIONS

All Members of the IDRA Fitness Center must show their card upon entering the Fitness Center.

1. Each Fitness Center member must maintain a current IDRA membership. IDRA billing statements are mailed annually in March and payment is due **May 1st** of each year.
2. Smoking is not permitted in the Fitness Center.
3. Food or beverages may not be consumed in or brought into the Fitness Center, with the exception of water/beverages in a plastic bottle with a lid.
4. Upon exiting the building to go jogging, etc., and upon return, all individuals must use designated exits.
5. IDRA reserves the right to sever all membership privileges for participants if at any time it feels that such participation is interfering with service to other members.
6. If you are using a locker that is designated for "Day Use only," the lock and all contents must be removed by the close of the fitness center that day. Any locks or items left overnight will be removed by the IDRA Fitness Center management.
7. Members whose memberships expire must empty their lockers within five days of expiration or have their lock removed and contents disposed of by the Fitness Center staff.
8. Members are required to wear appropriate sports/fitness attire at all times. Clothing with belts, buckles and zippers including jeans and/or other office attire, or other features judged by the IDRA staff to be potentially destructive to upholstery or other IDRA Fitness Center equipment is not permitted.
9. Towels are permitted in the weight room. All other personal items, including gym bags, must be kept in lockers.
10. Shirts must be worn at all times while in weight room, aerobic area, cardiovascular area, etc.
11. Members and guests may not display actions that the Fitness Center staff deem unsportsmanlike or rude, or misuse, move or alter any portion of the Fitness Center environment or property.
12. No bare feet allowed outside of locker rooms.
13. Members and guests are fully responsible for personal items that are lost, stolen, or damaged at the Fitness Center.
14. Street shoes and black-soled shoes of any kind are not permitted on the hardwood gym floor, with the exception of non-marking black soled fitness sneakers.
15. Members using payroll allotment **MUST REMAIN MEMBERS FOR AT LEAST 90 DAYS**. Exceptions are made for persons who transfer jobs or who can no longer exercise for medical reasons (documentation from supervisor or doctor required). The cancellation process for payroll allotment could take up to (1) one month.
16. **Guest Policy:** All non-members must first contact an IDRA Fitness Center staff member and sign an informed "Consent Waiver" prior to participating in any activity. Our policy permits the same person to be a guest only once every ninety (90) days. If you are interested in using the Fitness Center more frequently, please consult a staff member to inquire about membership.
17. Members must adhere to any other rules and regulations that are posted throughout the Fitness Center.

I have read the rules and regulations pertaining to my use of the IDRA Fitness Center. By signing below I agree to _____ comply with said requirements as well as other posted rules and regulations with the understanding that if I do not, my membership privileges and all membership dues will be forfeited.

Signature _____ Date _____

IDRA FITNESS CENTER - INFORMED CONSENT WAIVER

I, the undersigned, wish to participate in the fitness program as offered by the IDRA and its Fitness Center. I certify that I am physically able to participate in any activities in which I will take part. I have a reasonable basis for this opinion due to examination and/or consultation with my physician. I also certify that I will use good judgment while exercising and will not overexert. I recognize that I am responsible for knowledge of my own state of health, and I will advise the fitness director/staff of any health problems related to exercising. I understand the participation in some or all fitness center activities may be denied to me for health reasons at the discretion of the IDRA Fitness Center staff.

I realize that any time one engages in physical activity there are inherent dangers. I therefore accept any and all responsibility and assume the risk of any and all injury or damage to my person which may arise, whether directly or indirectly as a result of my participation in the fitness program, or as a result of the prescriptive advice I receive. I hereby release and hold harmless from any liability whatsoever the IDRA, as well as its affiliates, directors, officers, employee, and representatives.

I also agree to abide by the rules and regulations as established by the IDRA with the understanding that violation of such rules may result in withdrawal of my privilege to utilize the fitness facility or engage in the prescribed fitness program.

I certify that I understand and agree to the contents of this waiver.

Printed Name _____ **Office Phone #** _____
Signature _____ **Date** _____
Witness _____