

## External Trainer Guidelines and Application

### Application Process

1. Please complete the attached External Trainer Application Form. Return the completed application to the Recreation Supervisor with all requested documentation.

**Email:** [recreation@langleycity.ca](mailto:recreation@langleycity.ca)

**In-person/ mail:** Timms Community Centre  
20399 Douglas Crescent,  
Langley BC V3A 4B3

2. The Recreation Supervisor will contact you upon approval of your application. If you do not meet the requirements your application will not be accepted.
3. Please be sure to read and understand the terms and conditions and sign-off on the External Trainer Guidelines attached to the application form.

The External Trainer Membership is valid only at:

Timms Community Centre- 20399 Douglas Crescent, Langley  
Al Anderson Memorial Pool- 4949 207<sup>th</sup> Street, Langley

### Requested Documentation

Application forms will not be processed without copies of the following:

- Signed External Trainer Guidelines
- Current Professional Membership/ Affiliation
- Current Professional Liability Insurance
- Current First – Aid & CPR Certification
- City of Langley Business License

### Admission Fees - All passes are non-refundable, non- transferrable

- Upon approval, External Trainers must purchase an External Trainer Pass
  - Quarterly Pass \$198.00
- External Trainers must pay admission each visit (drop-in or facility pass).
- Each client must pay regular admission or purchase a facility pass.

## External Trainer Guidelines

Upon approval for an External Trainer Membership, External Trainers agree to the following:

1. Obtain a City of Langley External Trainer Membership (non-refundable).
2. Scan your membership card at the facility each visit and obtain an “External Trainer” lanyard from reception staff. This lanyard must be worn during your time in the facility so our fitness team is aware of your status. Lanyard must be returned to reception staff when leaving the facility.
3. Meet your client at the reception desk to ensure admission has been paid. There will be no exceptions for the client entering without payment.
4. Once payment is received a wrist band will be provided for your client to enter the facility.
5. External Trainers are permitted to train a maximum of 1 client at one time.
6. Conduct oneself in a professional manner with proper attire at all times.
7. Refrain from soliciting business while in the facility.
8. If approached about equipment/facility use- refer questions from the public to City staff.
9. Adhere to all facility guidelines.
10. Refrain from dominating any piece of equipment when others are waiting.
11. Provide safe instruction at all times; following and upholding industry standards and ensuring all required certifications are updated and valid.
12. In the event your client requires medical attention, facility staff must be contacted to provide treatment.
13. Report any incidents to facility staff for documentation (injuries, patron complaints).

There is a three month probationary period for all External Trainers. The Recreation Supervisor may monitor training sessions during this time. Failure to follow these guidelines may result in denied access/revoking of access approval.

***I have read and understood the External Trainer Guidelines in their entirety and agree to abide by the External Trainer Guidelines when using City of Langley facilities in the capacity of an External Trainer.***

**External Trainer Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## External Trainer Application Form

The City of Langley Recreation, Culture & Community Services Department welcomes professionally affiliated external Trainers and rehabilitation specialists who work with their clients to improve their health and wellness at our facilities. In an effort to ensure all External trainers are appropriately certified and hold adequate liability insurance coverage, the City of Langley has implemented policy and registration processes. Please complete the application form and attach copies of certificates as requested to:

Email: [recreation@langleycity.ca](mailto:recreation@langleycity.ca)

In person/ mail: Timms Community Centre- 20399 Douglas Crescent, Langley, BC V3A 4B3

Trainer Name: \_\_\_\_\_

Company: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Provide documentation of the following:

I have read and signed the External Trainer Guidelines

Current Professional Membership Affiliation/ Certification

BCAA.  BCRPA  ACE  Physiotherapy Association of BC

BC Society of Occupational Therapists

Other (Please specify) \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Current Professional Liability Insurance – minimum \$2 million; City of Langley named as an additional insured.

Expiry Date: \_\_\_\_\_

Current First Aid and CPR Certification

Expiry Date: \_\_\_\_\_

City of Langley Business License

Expiry Date: \_\_\_\_\_

## Release & Indemnity Agreement

This is a binding legal document.

I indemnify, hold and save harmless the City of Langley from and against all claims, from losses, damages, costs, actions and other proceedings including but not limited to Worker's Compensation legislation made, sustained, brought or prosecuted in any manner, based upon, occasioned by or attributed to any injury, including death, property damage, infringement or damage arising from any act or omission of the External Trainer, their employers, officers, volunteers servants or agents or persons from whom the External trainer has assumed responsibility on the performance or purported performance of this agreement.

The City of Langley may cancel my privileges granted here under at any time without notice in its absolute discretion. I agree in full to the terms of this contract.

I \_\_\_\_\_ hereby release, discharge, and hold harmless the City of Langley, its employees, contractors, sub-contractors and agents, and agree to adhere to the External Trainer Guidelines.

\_\_\_\_\_  
Signature of External Trainer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Recreation Supervisor

\_\_\_\_\_  
Date

