



MEMBERSHIP APPLICATION

TODAY'S DATE: ____/____/____

FIRST NAME: _____ LAST NAME: _____

MAILING ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

SEX: M / F

DOB: ____/____/____

EMERGENCY CONTACT & PHONE: _____

MEMBERSHIP TYPE: INDIVIDUAL SENIOR STUDENT COUPLE FAMILY

MEMBERSHIP LENGTH: DAILY WEEKLY MONTHLY 6-MONTH YEARLY

PAYMENT INFORMATION:

PAYMENT TYPE: CASH CHECK CHECK #: _____ PMT AMOUNT: \$ _____

DEBIT/CREDIT CARD

PAID IN FULL

AUTO-WITHDRAWAL

VOIDED CHECK ATTACHED

FOR OFFICE USE ONLY:

EFFECTIVE DATE OF MEMBERSHIP: ____/____/____

NEW

MEMBERSHIP END DATE: ____/____/____

RENEWAL

How would you describe your current physical condition?

*Unwell *Overweight *Unfit *Healthy *Fit

What regular exercise do you currently do? _____

Have you ever had OR do you have?

- *Stroke.....N/Y
- *Diabetes.....N/Y
- *Epilepsy.....N/Y
- *Dizziness.....N/Y
- *High blood pressure >140/90.....N/Y
- *Are you pregnant?.....N/Y
- *Given birth in the last 6 weeks?.....N/Y
- *Have you been hospitalized recently?.....N/Y
- *Are you taking any medications or supplements that advise you to be cautious while exercising?.....N/Y
- *Are you currently taking any hormone supplements?N/Y
- *Heart Condition.....N/Y
- *Heart murmur.....N/Y
- *Palpitations or pain in the chest.....N/Y
- *Fainting.....N/Y
- *Low blood pressure.....N/Y
- If so, due date: _____
- *Are you dieting or fasting currently?.....N/Y
- If so, when? _____

**Please Note: If you have circled YES to any of the above OR you are NOT SURE – We recommend that you see a Doctor PRIOR to beginning an exercise program.

Have you ever had OR do you have?

- *Arthritis.....N/Y
- *Cramps.....N/Y
- *Vision or hearing loss.....N/Y
- *Did you OR do you smoke?.....N/Y
- *Muscular pain.....N/Y
- *Asthma or other respiratory illness.....N/Y
- *Allergies.....N/Y

Do you experience any pain OR have you had major injuries in the following areas?

- *Neck.....N/Y
- *Knees.....N/Y
- *Ankles.....N/Y
- *Shoulders.....N/Y
- *Back.....N/Y

*Have you had any major surgery?.....N/Y (What/When)_____

Please read the following advise carefully. * *Work at a low level on your first few visits & concentrate on learning correct techniques. *Be sure to limit yourself to a pace where you can still talk comfortably *If you suffer any injury, illness or condition in the future, please tell us. *We recommend that you exercise at least three times a week to improve your general fitness.

What are your fitness goals?

- *Weight loss _____
- *Muscular Strength _____
- *Flexibility _____
- *Toning _____
- *Stay Fit _____
- *Muscular Endurance _____
- *Relaxation _____
- *Injury Rehabilitation _____
- *Increase Energy Level _____
- *Social _____

Would you be interested in any of these services?

- * Personal TrainingY/N Maybe
- * Nutrition CounselingY/N Maybe



LIABILITY WAIVER AND RULES AND REGULATIONS

1. MEMBER, by executing this Agreement, does hereby join the CLUB and such membership entitles the MEMBER to use the facilities under these rules and regulations. Allowing others to use the CLUB with your entry key tag or sneaking in a guest or child during unstaffed hours will result in immediate termination of your membership. Only children (age 14 – 17) on a Family Membership are allowed with 100% adult supervision during unstaffed hours until 9:00 pm.
2. MEMBER agrees to present and scan his/her membership upon entering the CLUB. MEMBER will scan key tag at the front door entrance to access facility after hours, or scan at front desk if entering during staffed hours. If MEMBER cannot present his/her key tag, then MEMBER agrees to announce his/her name to a staff member and understands that he/she may be asked to present identification.
3. MEMBER understands that a MEMBER under the age of 18 must be accompanied by an adult during unstaffed hours, and that MEMBER under the age of 18 is not allowed to enter the facility after 9:00 pm. No exceptions are allowed. Our insurance requires adult supervision for minors at all times.
4. MEMBER understands that if membership expires, the computer system will not allow MEMBER access to the CLUB. We strongly encourage MEMBER to keep track of membership dates.
5. MEMBER agrees that at all times when MEMBER is using the facilities of the CLUB, that MEMBER will strictly comply with all the terms and conditions of this Membership Agreement and the rules and regulations regulating the use of the facilities as may be in effect from time to time. MEMBER agrees that it is MEMBER's responsibility to seek out and familiarize himself/herself with the rules and regulations, as they exist for use of the facility.
6. If MEMBER violates this Agreement and the terms contained therein or any of the rules and regulations for use of the facility, the MEMBER shall not be entitled to a credit for any prepayment of dues or other fees due or paid pursuant to this Membership Agreement and the MEMBER's membership will be terminated by the CLUB.
7. MEMBER agrees and understands that there are risks associated with the use of the facilities and MEMBER further agrees and understands that MEMBER is assuming the risks associated with the use of the facilities and all equipment contained therein including the risk of injury and death. For and in consideration of the use of the facilities, MEMBER agrees to release, discharge, and waive any Claim against the CLUB and its owners, agents, employees and representatives from any and all damages, injuries or death resulting from the MEMBER's use of the facilities including but not limited to the exercise and associated equipment and athletic facilities, participation in fitness programs and exercise classes. The MEMBER represents that he/she is in good health and does not suffer from any infirmity, disease, impairment or physical conditions that would prevent MEMBER from participating in any of the activities and programs or use of the exercise equipment without suffering harm or injury. MEMBER represents to the CLUB that MEMBER either has the permission and approval of his physician to participate in the athletic activities, programs, and exercise classes and use of exercise equipment or if he/she does not have such permission, the MEMBER hereby assumes the risk of injury and death, which may result from such activities.
8. MEMBER agrees that MEMBER shall abide by the CLUB dress code at all times while in the facility. Dress code includes clean, indoor sneakers and proper fitness attire, including a shirt. Swim attire is required for sauna use at all times.
9. MEMBER agrees not to enter the CLUB with wet or muddy shoes and understands that he/she must remove wet or muddy shoes before entering the CLUB and agrees to bring an additional pair of shoes for their workout. MEMBER further understands that open toed shoes, sandals, and flipflops are strictly prohibited on or near equipment.
10. MEMBER understands that no food or drink is allowed in the facility with the exception of water or sports drinks in a closed, unbreakable, spill proof container.

