



Membership Application

Call or text 256-541-2232 to make an appointment

First: _____ Middle: _____ Last: _____
Address: _____ Birthdate: _____
City: _____ State: _____ Zip: _____ Email: _____
Cell #: _____ Home #: _____
Emergency Contact Name and Phone: _____

Would you like information regarding massage therapy booking? Yes No
Are you interested in weekly personal training sessions? Yes No

Select Payment Option:

☐ Automatic Bank Draft

Bank Name: _____
Routing #: _____ Account #: _____

☐ Link to a family membership: _____

☐ Prepaid Billing (Quarterly or Annual) (no refunds)

I hereby authorize Fitness for Life to initiate membership payments on the first of every month. I understand this membership is ongoing, and is not dependent on gym visits. I may cancel this authorization in writing, email, or text with a thirty (30) day notice.

Applicant's Signature

Date

For Office Use Only

Date Joined: _____ Membership Type: _____
Signed up by: _____

Health History Questionnaire

Please circle

Yes	No	Have you ever had a heart attack, stroke, or heart surgery (bypass, stent, angioplasty, etc.)?
Yes	No	Do you have Diabetes? Which type: Type 1 Type 2
Yes	No	Do you have any pulmonary disease (COPD, CRPD, Chronic Bronchitis, Cystic Fibrosis)?
Yes	No	Do you have a kidney, liver, or thyroid disorder?
If yes to above, please explain		
Yes	No	Do you have occasional pain in your chest, jaw, or arms that is worsened with exertion?
Yes	No	Do you have unusual shortness of breath at rest or with low level activity?
Yes	No	Do you experience dizziness or fainting?
Yes	No	Do you experience pain, burning, or cramping in your calves that is worsened with walking?
Yes	No	Do your ankles occasionally swell (edema)?
Yes	No	Do you have a heart arrhythmia (Atrial fibrillation, A-V block, sinus tachycardia, etc.)?
Please note:		<i>If you answered "Yes" to any question above, please consult your physician before engaging in moderate to high intensity exercise</i>
Yes	No	Do you have a family history of heart disease in a female first degree relative prior to age 65 or a male first degree relative prior to age 55?
Yes	No	Are you a smoker or user of tobacco products?
Yes	No	Have you ever been diagnosed with high blood pressure?
Yes	No	Have you ever been diagnosed with high cholesterol or low HDL?
Yes	No	Have you been told your blood sugar is too high? (fasting glucose > 100mg/dl)
Yes	No	On average, do you exercise less than 3 days / week?
Yes	No	Would you consider yourself "overweight"? Approximate your: Height: _____ Weight: _____
Please note:		<i>If you answered "yes" to two or more of the above questions, we advise you to engage in light to moderate intensity exercise only until you've been cleared by your physician.</i>
Yes	No	Are you pregnant?
Yes	No	Do you have any orthopedic problems? (arthritis, joint replacements, etc.) Please describe _____
Current Medications:		

Program Waiver and Informed Consent for individual, group, or child participation

I, _____ have enrolled in membership at *Fitness for Life*.

- I have enrolled in this program of my own free will and hereby release and discharge *Fitness for Life* and its employees and owners from any claims of action, suits, manner of actions and causes of actions whatsoever, for or by reasons of any cause or matter arising out of my participation in this program, including any activities in which I may participate in that occur on the property or off the facility property.
- I understand injuries and complications can arise due to exercise, including, but not limited to, orthopedic injury, dizziness, falls, fainting, light-headedness, physical injuries, heart attack, stroke, and in some cases, sudden death. I accept these risks and choose to participate in membership at *Fitness for Life*.
- I proclaim that the Health History Questionnaire in this application was filled out by me and is accurate to the best of my knowledge.
- I understand there may be times when no employees are at the facility, and I understand that exercising alone at *Fitness for Life* is not recommended, and poses a risk to my safety and health.
- I understand that I may require a medical clearance for exercise based on my health history questionnaire as suggested by the American College of Sports Medicine. I currently wish to waive the need for a medical clearance and do so at my own risk. I understand that a medical clearance may still be pursued by the facility, and I agree to abide by any restrictions my doctor imposes. I shall hold *Fitness for Life* owners and employees harmless from any and all loss, cost, claim, injury, damage, and liability sustained and/or resulting from an act that I, or my family may incur from participating in any activity, service, or program of *Fitness for Life*.
- As a member of *Fitness for Life*, I agree to abide by all Rules & Regulations of the facility. These rules were provided to me by the facility, and I understand it is my responsibility to read and abide by these rules.
- If I have family members under the age of 18 who are also members, I agree to supervise their participation, and accept all risks with their participation.

Signature of Member or legal guardian

Date

Turn over for one more page → →

Official rules

Please initial each rule

1. ALL members (even family members) must check-in with their **own** fob when entering. _____
2. Members may not "tailgate" into the gym off someone else's fob entry. _____
3. Allowing guests into the gym after office hours is prohibited. _____
4. Members may not allow a friend or family member to utilize their key fob. _____
5. Guests must be pre-approved by management, are allowed only during office hours, and must fill out a guest application by the office door. _____
6. Automatic membership dues are processed on the first (1st) business day of each month. _____
7. Membership dues and personal training dues are non-refundable. _____
8. Outside Personal Trainers are not allowed to conduct services on premises. _____
9. Youths age 10-13 must be accompanied and *closely* supervised by an adult. _____
(under 10 are not allowed to join)
10. Youths age 14-15 may come independently during office hours only. _____
11. Members age 16 -19 have limited facility access to: 5am-9pm, unless accompanied by a parental guardian. _____
12. Closed-toe shoes and shirts must be worn in the gym. (*No sandals or Crocs*)
(exceptions are during Yoga class, Pilates class, and kickboxing the bag) _____
13. Barbell collars must be used to prevent injury and damage to the facility. _____
14. Personal music players must be in-ear (not audible to other customers). _____
15. Never attempt heavy lifts without a spotter. _____
16. Uncontrolled dropping of free weights or Cybex weights is loud and disruptive, and not allowed. Bumper plates may be safely dropped from waist height in the green room only. _____
17. Protective hand gear must be worn when using boxing equipment. _____
18. Independent exercise is not allowed in the green room when class is in session. _____
19. Tobacco products and alcohol consumption are not allowed. _____
20. Visible weapons are not allowed on the premises. _____
21. Personal Training and massage appointments must be cancelled with a 12-hour notice. _____
22. Memberships are ongoing, and in-activations must be made in **writing, email, or text** before the 1st of the month. _____
23. A \$10 NSF charge will be applied for any denied charges to bank draft or credit card. _____
24. Any member may be suspended for violations of the above rules, or for reasons of harassment, violence, vulgarity, profanity, threatening behavior, theft, lewd conduct, vandalism, or any other reason deemed inappropriate by the management. _____