****

**Membership Application**

**Call or text 256-509-5242 to make an appointment**

First:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Middle:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_Zip:\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you interested in massage therapy? Yes No

Are you interested in dietary counseling or nutrition classes? Yes No

Are you interested in weekly personal training sessions? Yes No

**Payment Information:**

**( )** Automatic Bank Draft

Bank Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Routing #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**( )** Link to family account:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**( )** Prepaid Billing *(Quarterly or Annual only)*

*I hereby authorize Fitness for Life to initiate debit entries as shown in this application****. I may cancel this authorization in writing with a 30 day notice.***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant’s Signature Date**

**For Office Use Only**

Date Joined:\_\_\_\_\_\_\_\_\_ Membership Type:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initial Payment:\_\_\_\_\_\_\_\_\_\_\_\_

Date to Begin Auto Billing:\_\_\_\_\_\_\_\_\_\_Expiration Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

**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 any of**  **The 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.)? |
| **If yes to any of**  **the above,**  **please explain.** | |  |
| **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:\_\_\_\_\_\_\_** |
| **If yes to any of**  **the above,**  **please explain.** | |  |
| **Yes** | **No** | Are you pregnant? |
| **Yes** | **No** | Do you have any orthopedic problems? (arthritis, joint replacements, etc.)  Please descibe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Current Medications:** | |  |
|  | |  |

**Program Waiver and Informed Consent**

**for Individual and Group 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 that there are injuries and complications that can arise due to exercise, including, but not limited to, orthopedic injury, dizziness, fainting, light-headedness, 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 off 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 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 to 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.

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**Signature** **Date**

**Turn over for one more page → →**

***Fitness* for Life**

Rules and Regulations

1. All members must check-in with their key fob when entering.
2. Automatic monthly membership dues are processed on the first business day of each month.
3. Membership dues and personal training dues are **non-refundable**.
4. Members may not allow a friend or family member to utilize their key fob for entry.
5. Guests must be pre-approved by management and must fill out a guest application by the office door.
6. Youths age 12-15 must be accompanied by an adult.
7. Any member may be expelled for reasons of violence, vulgarity, profanity, threatening behavior, theft, lewd conduct, vandalism, or any other reason deemed inappropriate by the management.
8. Shirts, shorts or pants, and closed-toe shoes must be worn in the gym. (No bathing suits or flip-flops)
9. Using exercise equipment in a manner that is damaging is not allowed.
10. Radios and mp3 players must be in-ear (not audible to other customers).
11. Never attempt heavy lifts without a spotter.
12. Slamming of weights is not allowed.
13. Fitness For Life is not responsible for lost or stolen items.
14. Protective hand gear *must* be worn when using boxing equipment.
15. In the event of inclement weather, it is advised to take shelter in the bathrooms.
16. Smoking, smokeless tobacco, and alcohol consumption are not allowed on the premises.
17. Weapons are not allowed on the premises.
18. Personal Training appointments must be cancelled with at least a 12 hour notice, or charges will apply.
19. Membership freezes must be made with a 30 day notice.
20. It is up to the customer to inform *FFL* of any credit card number or expiration date changes.
21. A $10 NSF charge will be applied for any denied charges to bank draft or credit card.
22. Photo identification is required for security reasons. We will take your security photo upon receiving your application.

I have read and agree to abide by all rules and regulations stated above. I also give consent to photograph for safety and security reasons.

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**Signature Date**