



## 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	Not now
Are you interested in scheduling an equipment orientation?	Yes	No	Not now

### 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**

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### For Office Use Only

Date Joined: \_\_\_\_\_ Membership Type: \_\_\_\_\_  
Signed up by: \_\_\_\_\_

## Health History Questionnaire

Please circle

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

## **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 without a partner at *Fitness for Life* is not recommended, and poses a risk to my safety and health.
- I understand that high-intensity exercise may pose a risk to my health, and I can (and should) self-regulate my intensity during personal training sessions and during group exercise classes.
- I understand that I should stop exercise immediately if I don't feel well.
- 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 agree to abide by any exercise 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 19 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 approved by the office staff, and 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 (1<sup>st</sup>) business day of each month. \_\_\_\_\_
7. A \$10 NSF charge will be applied for any denied charges to bank draft or credit card. \_\_\_\_\_
8. Membership dues and personal training dues are *non-refundable*. \_\_\_\_\_
9. Outside Personal Trainers are not allowed to conduct services on premises. \_\_\_\_\_
10. Youths age 10-13 must be accompanied and *closely* supervised by an adult. \_\_\_\_\_  
(under 10 are not allowed to join)
11. Youths age 14-15 may come independently during office hours only. \_\_\_\_\_
12. Members age 16 -19 have limited facility access to: 5am-9pm, unless accompanied by a parental guardian. \_\_\_\_\_
13. 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*) \_\_\_\_\_
14. Barbell collars must be used to prevent injury and damage to the facility. \_\_\_\_\_
15. Personal music players must be in-ear (not audible to other customers). \_\_\_\_\_
16. Never attempt heavy lifts without a spotter. \_\_\_\_\_
17. 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. \_\_\_\_\_
18. Protective hand gear must be worn when using boxing equipment. \_\_\_\_\_
19. Independent exercise is not allowed in the green room when class is in session. \_\_\_\_\_
20. Tobacco products and alcohol consumption are not allowed. \_\_\_\_\_
21. Visible weapons are not allowed on the premises. \_\_\_\_\_
22. Photography and video that includes other members is not allowed without their explicit consent. \_\_\_\_\_
23. Personal Training and massage appointments must be cancelled with a 12-hour notice. \_\_\_\_\_
24. Memberships are ongoing, and in-activations must be made in **writing, email, or text** before the 1<sup>st</sup> of the month. \_\_\_\_\_
25. 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. \_\_\_\_\_