



Member Registration Form

Date _____ Bar Code No. _____

Print Name _____
First M.I. Last

Home Address _____
Number/Street Apt #

City State Zip

Birth Date _____ Circle One: Male Female Cell Phone _____

Home Phone () _____ - _____ Home Email _____

Work Information

Company _____

Occupation _____

Mailing Address _____
Number/Street/P.O. Box Office Location/Mail Drop

City State Zip

Work Phone () _____ - _____ Ext. _____ E-mail _____

Emergency Contact Information

Person to contact _____ Relationship _____
Day Phone () _____ - _____ Evening Phone () _____ - _____

What Are You Interested In?

What are your fitness goals? _____

What types of classes are you interested in or if not classes, what cardio equipment or weight equipment do you like to work out on? _____

Are you interested in Personal Training? _____

How Did You Hear About Us? (Please check one)

Flyer _____ E-Mail _____
Yellow Pages _____ Website _____
Signage _____ Referral (Name) _____

Agreement and Release of Liability

1. In consideration of gaining membership or being allowed to participate in the activities and programs of The Downtown Fitness Center and to use its facilities, equipment, and machinery in addition to the payment of any fee or charge, I do hereby waive, release and forever discharge The Downtown Fitness Center and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities at said facility. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my participation in any activities of The Downtown Fitness Center or the use of any equipment at The Downtown Fitness Center. **(Please initial _____)**

2. I recognize that by participating in the activities, facilities, programs and services offered by The Downtown Fitness Center, I may experience potential health risks such as transient light-headedness, fainting, abnormal blood pressure, chest discomfort, leg cramps, and nausea and that I assume willfully those risks. I acknowledge my obligation to immediately inform the nearest supervising employees of any pain, discomfort, fatigue, or any other symptoms that I may suffer during and immediately after my participation. I understand that I may stop or delay my participation in any activity or procedure if I desire and that I may also be requested to stop and rest by a supervising employee who observes any symptoms of distress or abnormal response. I also understand that I am voluntarily participating in these activities and using equipment and machinery with knowledge of dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death. **(Please initial _____)**

3. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation in any of the activities and programs of The Downtown Fitness Center or use of equipment or machinery except as hereinafter stated. I do hereby acknowledge that I have completed a Physical Activity Readiness Questionnaire (PAR-Q) and understand that a physician's approval may be recommended before my participation in an exercise/fitness activity or in the use of exercise equipment machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise and use of exercise and training equipment so that I might have recommendations concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and have been given my physician's permission to participate or that I have decided to participate in activity and/or use of equipment and machinery without the approval of my physician and do hereby assume all responsibility and activities, and utilization of equipment and machinery in my activities. **(Please initial _____)**

4. I also understand that I may ask any questions or request further explanation or information about the activities, facilities, programs, and services offered by at any time before, during, or after my participation. **(Please initial _____)**

I declare that I have read, understood, and agree to the contents of this document in its entirety.

Print Name _____

Date _____

Signature _____

Physical Activity Readiness Questionnaire (PAR-Q)

PAR-Q is designed to help you help yourself. Many health benefits are associated with regular exercise and the completion of PAR-Q is a sensible first step to take if you are planning to increase the amount of physical activity in your life. For most people, physical activity should not pose any problem of hazard. PAR-Q has been designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them.

Common sense is your best guide in answering these few questions. Please read them carefully and check the correct answer that applies.

Has your doctor ever said you have had heart trouble? **Yes**_____ **No**_____

Do you frequently have pains in your heart or chest? **Yes**_____ **No**_____

Do you often feel faint or have spells of severe dizziness? **Yes**_____ **No**_____

Has your doctor ever said your blood pressure was too high? **Yes**_____ **No**_____

Has your doctor ever told you that you have a bone or joint problem such as arthritis that has been aggravated by exercise or might be made worse with exercise? **Yes**_____ **No**_____

Are there any other reasons not mentioned here that may not allow you to follow an activity program?
Yes_____ **No**_____

If so please list: _____

Are you over the age of 50 and not accustomed to vigorous exercise? **Yes**_____ **No**_____

Signature _____ Date _____

If you answered "Yes" to one or more questions on the preceding page then...

Consult with your personal physician, if you have not already done so, before starting your physical activity and or taking a fitness assessment. Tell your physician what questions you answered "yes" to on the PAR-Q pre-send a copy of the PAR-Q to your physician.

After medical evaluation, seek advice from your physician as to your suitability for either:

- Unrestricted physical activity, starting off easy and progressing gradually
- Or
- Restricted or supervised physical activity to meet your specific needs, at least on an initial basis.

If you answered "No" to all questions on the preceding page then...

If you answered the PAR-Q accurately, you should have reasonable assurance of your present suitability for either:

- Continuance of activity program- A gradual increase in proper exercise activity promotes good fitness development while minimizing or eliminating discomfort.
- Fitness Assessment- A fitness assessment can provide an estimate of your current aerobic fitness strength and flexibility and help you set goals for gradual fitness improvement.

Membership Plans

****VIP Membership!!!**

Free Sign Up, No Contract, \$39.00a month (plus tax).

- This offer requires Members to sign up using some form of EFT, (Electronic Funds Transfer)
- Accounts can be placed on a three (3) month hold with a written 30 day notice and reactivated any time with no additional charge.

X _____ Date _____

Cash Check Options:

- \$46.50(first and last month) (plus tax).

X _____ Date _____

In order to cancel a membership, a form must be completed and received by The Downtown Fitness Center at least 30 days prior to cancellation or we will continue to bill you. The form can be obtained at the front desk or can be downloaded from our website at www.thedowntownfitnesscenter.com and if faxed, confirmation of such fax must be confirmed by an employee of The Downtown Fitness Center.

Please initial _____

Pick one of the following days to be billed:

1st _____ 15th _____

Locker No.: _____

Locker VIP: \$12.00(plus tax)**Cash/Check:** 15.00 (plus tax)

Promotion:

Six Months of Dues: _____ Expiring _____

One Year of Dues: _____ Expiring _____

One Year of Locker: \$120.00 (plus tax) _____ Expiring _____

Upon Registration Member may choose any of these services for a one time discount:

Fitness Assessment, Body Composition Analysis, Strength Training Orientation, and Program Design \$25.00 _____
Includes Cardio Respiratory, Flexibility, Muscular Endurance, and Muscular Strength Tests, Blood Pressure, Measurements, Weight, Body Fat Analysis, Strength Training Equipment Orientation and Program Design (By Appointment Only) (\$45.00 Value)

Strength Training Equipment Orientation and Program Design \$15.00 _____
Proper Use of Strength Training Equipment and Program Design (By Appointment Only) (\$25.00 Value)

Body Fat Analysis \$5.00 _____
Measurements, Weight and Body Fat Analysis (By Appointment Only) (\$10.00 Value)

Cardholder Name as shown on card		** Member's name if different from cardholder	Circle Type of Card Visa/Mastercard/Discover/Amex Check if Debit Card _____
Expiration Date:	Account Number	Routing Number (for Bank Drafts)	