

FITNESS WORK MEMBERSHIP APPLICATION

	Member #	First Name	Middle Initial	Last Name	D.O.B.	M/F
Primary						
Spouse						
Child						
Child						
Child						

Local Mailing Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-Mail _____ Place of Employment _____

If Student, School Attending _____

Spouse Place of Employment _____

Spouse Work Phone _____ Spouse Cell Phone _____

Emergency Contact _____ Relationship _____

Emergency Phone _____ Emergency Cell Phone _____

Monthly Billing Preference _____ Postal Delivery _____ E-mail _____ Bank Draft _____ Auto Credit Card _____

FOR OFFICE USE ONLY

Single _____ Couple _____ Family _____ Student _____ Senior _____ Student Couple _____ Senior Couple _____

Monthly _____ Annual _____ Corporate Group (if applicable) _____

Single Special-1 mon. _____ Student-1 mon. _____ Student-2 week _____ Student Summer Special _____

Payment Method: Cash _____ Check # _____ Credit Card _____ In the amount of _____

Date Received _____ Date Entered _____ Date Card Packet Given _____

No MF-Auto W/D _____ Paid Next Month Also _____ Date Copy of Contract Given _____

Application Taken By _____

Fitness Worx

2835 N. Nebraska Ave.
York, Nebraska 68467

Member Health History Questionnaire

Name _____ Birth Date _____ Age _____

Height _____ Weight _____ Gender-M _____ F _____ Doctor _____

Please read the following questions carefully and answer each one honestly. All information will be kept confidential. Please check YES or NO:

YES NO

- Do you have a heart condition? (If yes, please check all that apply)
- _____Heart Attack _____Pacemaker/Defibrillator
_____Heart Surgery _____Heart Failure
_____Cardiac Cath/Angioplasty _____Other heart condition _____
- Have you ever experienced a stroke?
- Do you experience chest discomfort or unreasonable breathlessness with exertion?
- Do you experience dizziness, fainting, or blackouts?
- Do you have a burning or cramping sensation in your lower legs when walking?
- Do you have asthma or other lung disease? If yes, please list _____
- Do you have a bone, muscular or joint problem that limits your physical activity? If yes, please list _____
- Do you have high blood pressure?
- Do you have high blood cholesterol?
- Do you have diabetes?
- Do you have a seizure disorder?
- Are you pregnant?
- Do you currently smoke or quit smoking in the last 6 months?
- Has anyone in your immediate family (parents/brothers/sisters) had a heart attack, stroke, or cardiovascular disease before age 55?
- Do you have any other health condition that may affect your exercise program? If yes, please list _____
- Are you currently taking any medication? Please list names and purpose
- _____
- _____
- _____
- Are you currently exercising on a regular basis? If so, what are your activities?
- _____
- _____

I have read, understood, and completed this questionnaire. Any questions that I had were answered to my full satisfaction.

Signature _____

Date _____

Parent/Guardian Signature if under the age of 19 years

Date _____

Tanning

I am not aware of any medical condition or other reason that would prohibit me from tanning. I agree that I will comply with all instructions on the tanning system, protect my vision by using protective eyewear and that I am using these services at my own risk. I hereby release **York Physical Therapy/Fitness Worx** from any damages that I might incur due to the use of this tanning facility.

Name_____

Date_____

Signature_____

Parent/Guardian Signature if under the age of 19 years

Date_____

Fitness Worx
2835 N. Nebraska Ave.
York, Nebraska 68467

Agreement and Release of Liability

1. In consideration of gaining membership or being allowed to participate in the activities and programs of **Fitness Worx** 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 **Fitness Worx** and it's 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 or my use of equipment or arising out of 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 the 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 or the use of any equipment at **Fitness Worx**.

2. I understand and am aware that strength, flexibility, and aerobic exercise, including the use of equipment, is a potentially hazardous activity. I also understand that fitness activities involve a risk of injury and even death and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.

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 **Fitness Worx** or use of equipment or machinery except as hereinafter stated. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise/fitness activity or in the use of exercise equipment and 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 any 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 for my participation and activities, and utilization of equipment and machinery in my activities.

Date _____

Signature

Printed Name

Parent/Guardian Signature if under the age of 19 years

Date _____