



NEW MEMBER REGISTRATION



Name: _____ DOB: _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Email: _____

Physician _____ Height: _____ Weight: _____ Gender: Male / Female

Employer: _____

Is there anything regarding your health that Midwest Physical Therapy and Fitness Center should be aware of?

Do you have pain or an injury you would like to speak with a physical therapist about? Y/N

Regular physical activity is safe for most people. However, some individuals should check with their doctor before they start an exercise program.

Policies, Procedures & Guidelines

1. There is a 30-minute limit on cardiovascular equipment when someone is waiting. Allow others to work in between sets.
2. Proper attire, including shirts, must be worn at all times. **Separate, clean, non-marking gym shoes are required.** Please do not wear shoes worn outdoors that could carry in dirt and salt.
3. Spotters are recommended in the free weight area. Please return free weights and dumb bells to rack after use.
4. All beverages must be contained in a covered sport bottle only.
5. Please clean off machines after use.
6. Cursing and foul language will not be tolerated. You may be asked to leave, or if the problem persists, lose your membership.
7. Do not bring valuables into the center. We will not be responsible for lost or stolen articles.
8. In order to accommodate the needs of all patrons, the radio station will be programmed for “middle of the road” music. If your taste tends to run to the extreme end of the spectrum, please feel free to bring your own headsets while working out. Volume levels will be kept quieter during business hours.
9. Any misuse of equipment, abuse of premises, vandalism or loitering will **NOT** be tolerated. Any inappropriate actions will result in immediate termination of membership with no refunds or relief of prior payments.
10. No children 11 years old and under are permitted in the Fitness Center waiting area or designated Fitness Center areas/rooms.

New Member Agreement

1. I understand that by joining Midwest Physical Therapy & Fitness Center and/or Bloomer Area Aquatic & Recreation Center to use its facilities and participate in its programs, I do hereby waive, release, and forever discharge Midwest Physical Therapy & Fitness Center and/or Bloomer Area Aquatic & Recreation Center and its officers, employees, 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 of omission of any of those mentioned or others acting on their behalf connected with my participation in any activities or equipment use at Midwest Physical Therapy & Fitness Center and/or Bloomer Area Aquatic & Recreation Center.
2. I understand and am aware that strength and aerobic exercise, including the use of equipment, is a potentially hazardous activity. I also understand that fitness activities involve 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 hereby declare myself to be physically sound and suffering no condition, impairment, disease, infirmity, or other illness that would prevent my participation in any of the activities and programs of Midwest Physical Therapy & Fitness Center and/or Bloomer Area Aquatic & Recreation Center or use of the 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 a physical activity, exercise, and use of exercise equipment so that I might gain recommendations concerning fitness activities and equipment use. I acknowledge that I have either had a physical examination and have been given 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 in activities and use of equipment at Midwest Physical Therapy and Fitness Center and/or Bloomer Area Aquatic & Recreation Center.

I have read the Policies, Procedures, and Guidelines and New Member Agreement for Midwest Physical Therapy & Fitness Center and/or Bloomer Area Aquatic & Recreation Center and agree to abide by them.

Signature

Date

Guardian Signature if under 18 years of age

Date

Automatic Payment Plan Authorization Agreement

<p style="text-align: center;">Please apply the Automatic Payment Plan to these memberships:</p>	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> Both!
---	--	---	---------------------------------------

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name of Financial Institution: _____

Address of Financial Institution: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Routing Number: _____ Account Number: _____

Checking: [] Savings: []

- * If your payment is to be deducted from you checking account, enclose a voided check. If your payment is to be deducted from a savings account, enclose a deposit slip that displays your account number.
- * Please be aware that if you change banks or accounts you will need to notify us immediately.
- * Midwest Physical Therapy & Fitness Center and/or Bloomer Area Aquatic & Recreation Center has the right to cancel my use of Automatic Payment Plan. I will notify Midwest Physical Therapy & Fitness Center and/or Bloomer Area Aquatic & Recreation Center, in writing, 30 days prior to canceling my use of the Automatic Payment Plan.
- * I hereby authorize Midwest Physical Therapy, Inc and/or Bloomer Area Aquatic & Recreation Center to initiate debit entries to my bank account above. **This authorization is to remain in full force and effect until Midwest Physical Therapy and/or Bloomer Area Aquatic & Recreation Center receives written notification of membership discontinuation following the initial membership.**
- * In the case of insufficient funds, Midwest Physical Therapy & Fitness Center &/or Bloomer Area Aquatic & Recreation Center will charge a \$25 fee to be paid within 3 days of notice from the bank.

Signature(s):

Sign here: _____

Date: _____

Sign here: _____

Date: _____

****Note: If the account is in two names, both account holders need to sign above.**

Annual Memberships

MEMBERSHIP TYPE	POOL ONLY	FITNESS CENTER ONLY	FITNESS CENTER & POOL
SINGLE	\$30/mo	\$35/mo	\$50/mo
SINGLE + 1 [†]	\$40/mo	\$45/mo	\$70/mo
FAMILY (3 or more members)	\$45/mo	\$55/mo	\$80/mo
SENIOR CITIZEN* (Single)	\$25/mo	\$25/mo	\$40/mo
SENIOR CITIZEN* (Single + 1 [†])	\$35/mo	\$35/mo	\$60/mo
STUDENT** (Must show student I.D.)	\$25/mo	\$25/mo	\$40/mo

6 Month Memberships

MEMBERSHIP TYPE	POOL ONLY	FITNESS CENTER ONLY	FITNESS CENTER & POOL
SINGLE	\$45/mo	\$45/mo	\$80/mo
SINGLE + 1 [†]	\$60/mo	\$60/mo	\$90/mo
FAMILY (3 or more members)	\$65/mo	\$65/mo	\$100/mo
SENIOR CITIZEN* (Single)	\$40/mo	\$40/mo	\$70/mo
SENIOR CITIZEN* (Single + 1 [†])	\$50/mo	\$50/mo	\$80/mo
STUDENT** (Must show student I.D.)	\$30/mo	\$30/mo	\$50/mo

3 Month Memberships

MEMBERSHIP TYPE	POOL ONLY	FITNESS CENTER ONLY	FITNESS CENTER & POOL
SINGLE	\$55/mo	\$55/mo	\$90/mo
SINGLE + 1 [†]	\$70/mo	\$70/mo	\$120/mo
FAMILY (3 or more members)	\$75/mo	\$75/mo	\$130/mo
SENIOR CITIZEN* (Single)	\$50/mo	\$50/mo	\$90/mo
SENIOR CITIZEN* (Single + 1 [†])	\$60/mo	\$60/mo	\$100/mo
STUDENT** (Must show student I.D.)	\$30/mo	\$30/mo	\$50/mo

FOR ALL MEMBERSHIPS:

Members that are 19 yrs. & older require their own membership.

*Senior Citizen = 65 yrs. & older

**No new member fee applied to student memberships.

† Must be a spouse, or an immediate family member 18 yrs. and under.

Fitness Center Members must be over 12 yrs

Office use only:

Membership Effective Dates:

∞ **NEW MEMBER JOINER FEE** (Max Family New Member Fee - \$50)

\$25.00 Includes:

- Fitness Center 24/7 Access Key (Must be 16 yrs. of age)
 - ☞ Limited to 2 cards per family
 - ☞ \$5 for each additional key
- Complete orientation to Fitness Center
- Initial assistance with exercise program design in the Fitness Center

LOOKING TO SAVE MONEY?
Pre-pay your 12-month membership and take \$20 off the total cost of the membership of your choice.

AUTOMATIC WITHDRAWAL NOTICE: *Annual Membership Only*

Initial _____ Following the initial annual commitment, I understand that I can terminate this agreement at any time, however, I need to provide a 30-day notice. The membership will discontinue at the end of the calendar month following a 30-day notice.

CANCELLATION & REFUNDS: Member shall have the right to cancel this agreement with full refund if written notice is received within three (3) days of signing this agreement. After that date, all initial fees are non-refundable. Membership will be cancelled if member becomes deceased or becomes physically unable to use the facility. Written verification of disability will be required from physician. Member may cancel agreement if primary residence is relocated more than 35 miles from MWPT and/or the BAARC. Notice to cancel must be delivered to MWPT and/or the BAARC in writing. MWPT and/or the BAARC may cancel agreement or restrict use of facility if member fails to make payments or does not abide by MWPT and/or the BAARC rules. In such case, no refunds of prior payment or relief of payments will be given.

I have read, understood, and completed this New Member Registration and Rate Sheet. I agree to the membership commitment stated above. All questions have been answered to my satisfaction.

Name (Printed) : _____ Date: _____

Signature: _____