

# NEW MEMBER REGISTRATION PACKET

<b>I would like to join:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <b>Both!</b>
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**THIS PAGE ONLY TO BE FILLED OUT FOR ALL MEMBERS OF ALL AGES!**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_ Email: \_\_\_\_\_

Physician \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Gender: Male / Female

Employer: \_\_\_\_\_

Regular physical activity is safe for most people. However, some individuals should check with their doctor before they start an exercise program. To help us determine if you should consult with your doctor before starting to exercise, please read the following questions carefully and answer each one honestly. All information will be kept confidential.

**Health History**

Previous surgeries (list any): \_\_\_\_\_

Previous fractures/sprains: \_\_\_\_\_

Medications: \_\_\_\_\_

Date of Last Exam by Physician: \_\_\_\_\_

Please check <b>YES</b> or <b>NO</b> to the following:	YES	NO
1. Do you have high blood pressure?	_____	_____
2. Do you have diabetes? If so, what medications do you take? _____	_____	_____
3. Do you have a heart condition? _____ a) Do you take Nitroglycerine?	_____	_____
4. Have you ever experienced a stroke?	_____	_____
5. Do you have epilepsy or seizures?	_____	_____
6. Do you have exercise-induced asthma?	_____	_____
7. Do you feel pain in your chest when you exercise?	_____	_____
8. In the past month, have you had chest pain when you were not exercising?	_____	_____
9. Do you ever lose consciousness or do you ever lose control of your balance due to chronic dizziness?	_____	_____
10. Are you currently being treated for a bone or joint problem that restricts you from exercising?	_____	_____
11. Do you have a back problem? Specify: _____	_____	_____
12. Has anyone in your immediate family (parents or siblings) had a heart attack, stroke, or cardiovascular disease before age 55?	_____	_____
13. Do you currently smoke? If so, how many per day? _____	_____	_____

**Activity History:**

☞ What physical activities do you engage in? How often?

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☞ What equipment do you have available at home or elsewhere?

Treadmill                       Free weights                       Stationary bike  
 Nordic Track                       Videos (type): \_\_\_\_\_  
 Elliptical                       Pool/Water Aerobics                       Other: \_\_\_\_\_

☞ What are your specific fitness goals? (Indicate all that apply)

Increase strength and endurance                       Improve flexibility  
 Improve cardiovascular fitness                       Improve muscle tone  
 Reduce body fat                       Increase muscle mass  
 Exercise regularly                       Injury rehabilitation  
 Sports conditioning                       Other \_\_\_\_\_

☞ Other fitness goals? (Indicate all that apply)

Reduce stress                       Control blood pressure                       Reduce pain  
 Improve bone health                       Improve energy level                       Feel better  
 Improve nutritional habits                       Control cholesterol                       Reduce weight  
 Improve appearance                       Increase my health awareness                       Stop smoking  
 Other \_\_\_\_\_

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☞ What motivated you to take part in our facility?

Convenience/location                       Continue rehabilitation program  
 Physician recommendation                       Hours of operation  
 Medical Reasons (Please specify) \_\_\_\_\_

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## Automatic Payment Plan Authorization Agreement

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

Signature(s):

Sign here: \_\_\_\_\_

Date: \_\_\_\_\_

Sign here: \_\_\_\_\_

Date: \_\_\_\_\_

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

**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.  
**(Please initial)**\_\_\_\_\_
  
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. **(Please initial)**\_\_\_\_\_
  
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. **(Please initial)**\_\_\_\_\_
  
4. I have read the Policies, Procedures, and Guidelines for Midwest Physical Therapy & Fitness Center and/or Bloomer Area Aquatic & Recreation Center and agree to abide by them.  
**(Please initial)**\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**POLICIES, PROCEDURES & GUIDELINES FOR FITNESS CENTER**

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.

I have read, understand, and will obey all of these guidelines.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Annual Memberships

MEMBERSHIP TYPE	POOL ONLY	FITNESS CENTER ONLY	FITNESS CENTER & POOL
SINGLE	\$30/mo	\$35/mo	\$50/mo
SINGLE + 1 <sup>†</sup>	\$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 <sup>†</sup> )	\$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 <sup>†</sup>	\$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 <sup>†</sup> )	\$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 <sup>†</sup>	\$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 <sup>†</sup> )	\$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: \_\_\_\_\_