



FITNESS CENTER REGISTRATION FORM

Key Tag #

Personal Information:

First Name: _____ Last Name: _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____

House Phone: _____ Cell Phone: _____

Date of Birth: _____ Gender: Male or Female

Emergency Contact Information:

First Name: _____ Last Name: _____

House Phone: _____ Cell Phone: _____

Relationship: _____

Office Use Only:

Registration Options:

<input type="checkbox"/> Member: \$15 <i>Everyone must pay the Registration Fee (Staff Included)</i>	<input type="checkbox"/> Non-Member: \$0 <i>Punchcard/Drop-ins/Basketball League</i>
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Activity Sign Up Options:

<input type="checkbox"/> Basic A: Individual Fitness Room \$10 <input type="checkbox"/> Basic B: Fitness Room + Drop In/Gym \$15 <input type="checkbox"/> Basic C: Fitness Room + Zumba \$15 <input type="checkbox"/> Basic D: Fitness + Gym + Zumba \$20 <input type="checkbox"/> Seniors (60+) Free <input type="checkbox"/> Staff Free <input type="checkbox"/> Students - Graduation Year: _____ Free <input type="checkbox"/> Volunteers Free <input type="checkbox"/> 3 on 3 League \$30 <input type="checkbox"/> 5 on 5 League \$55	<input type="checkbox"/> Punchcard \$20 <input type="checkbox"/> Zumba \$2 <input type="checkbox"/> Gym \$2 <input type="checkbox"/> 3 on 3 League \$30 <input type="checkbox"/> 5 on 5 League \$55
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Balance: _____ Total Pd.: _____ Date Pd.: _____	Entered In Computer: _____ Payment Method: CASH/CHECK # _____ Staff Intials: _____
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Scholarship Request:

This person is interested in a scholarship and has requested a meeting. They have been informed that financial records will be required to grant any request for scholarship.

Scholarship Amount: _____ **How Long:** _____ **Approved By:** _____

****Please Complete Both Sides****

Waiver of Liability and Disclaimer

West Midland Family Center urges you and all participants to obtain a physical examination from a doctor before using any exercise equipment or participating in any exercise class. All exercises, including the use of weights and use of any and all machinery, equipment, and apparatus designed for exercise shall be at the individuals sole risk. Participants understand that the agreement to use or selection of exercise programs, methods and types of equipment shall be the participant's entire responsibility and West Midland Family Center shall not be liable to participants for any claims, demands, injuries, damages or actions arising due to injury to a participant's person or property arising out of or in connection with the use by a participant of the services, facilities and premises of West Midland Family Center. Participants hereby hold West Midland Family Center and the employees, volunteers and other agents harmless from all claims which may be brought against them by participant's or on participant's behalf for any such injuries or claims.

Signature: _____ Date: _____

Fitness Room Orientation Waiver

At this time I, _____, choose to waive the orientation presentation with Chelsea Davis, Recreation Director, regarding the fitness room equipment. **(Orientation is mandatory for ages 13-17)**

Signature: _____ Date: _____

Par-Q

Being more active is very safe for most people, however, some people should check with their physician before they start engaging in a routine physical workout. If you are planning on beginning a more physically active workout routine than you have been start by answering the following questions below. The PAR-Q will tell you if you should check with your doctor before you begin.

Please read the following questions and answer honestly.

- | | | |
|-----|----|--|
| YES | NO | Has your doctor ever said you have a heart condition? |
| YES | NO | Do you feel pain in your chest when you do physical activity? |
| YES | NO | Do you lose your balance because of dizziness or do you ever lose consciousness? |
| YES | NO | Do you have a bone or joint problem that could be made worse? |
| YES | NO | Is your doctor currently prescribing drugs for blood pressure? |
| YES | NO | Is you doctor currently prescribing drugs for a heart condition? |
| YES | NO | Have you had any major surgery or injury in the that could effect your activity? |
| YES | NO | Do you have or or have you ever had asthma, diabetes, or another disease that can restrict your physical activity? Please indicate: _____ |
| YES | NO | Do you know of any other reason why you should not do physical activity? |

If you checked yes to any of the previous questions you should consult a doctor before beginning a physical workout to better understand your physical limitations and abilities. Tell your physician about the PAR-Q questions that you checked yes to so that you can be reasonably sure that you can start becoming more physically active.

I have read and understand the questionnaire. Any questions I had were answered to my satisfaction.

Signature _____ Date _____

Parent Signature (if under 18 years old) _____ Date _____

****Please Complete Both Sides****