Evaluation: $150.00 $75.00 Fitness Number _____

Monthly Fee: $55.00 single Student Summer Break Special $110/3 months
$50.00 family Student Winter Break Special $55/2 months
Annual Rate: $550.00 single
$500.00 family

Evaluation plus First Month's Fee $_____ = Today's Total $_____

FITNESS MEMBER INFORMATION (Please Print) DATE _____

Member Name _____ DOB _____ Age _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Email Address _____

Occupation _____ Work Phone _____

Family Doctor _____ Phone _____

How did you hear about us? _____

EMERGENCY CONTACT INFORMATION

1. Name _____ Phone (Daytime) _____

   Relationship _____ Phone (Evening) _____

2. Name _____ Phone (Daytime) _____

   Relationship _____ Phone (Evening) _____

I, the undersigned, understand that I am responsible for payments for membership to the fitness center by the first day of each month. I understand that if I choose to sign up for the automatic billing system that my membership fees will be automatically taken from my credit card each month. I understand that I am required to give notice in writing by the first day of the month for suspension or termination of this membership. Suspension or termination can not be done retroactively. The minimum amount of time that I can put my membership on hold is 30 days. By signing this, I agree to abide by all rules and regulations of the fitness center and Performance Physical Therapy, Inc. Performance Physical Therapy reserves the right to cancel any member. I agree to obtain clearance from my family doctor before participating in any form of exercise and in case of emergency you may contact the above listed people.

Signature _____ Date _____

Responsible Party _____ Date _____