



Fitness Member Form

(Please Print Clearly)

Name _____ DOB _____ Age _____

Street Address _____

City _____ State _____ Zip _____

Home Phone: _____ Cell Phone: _____

Email Address _____

Family Doctor _____ Phone: _____

How did you hear about us? _____

Emergency Contact Information

1. Name _____ Phone _____
Relationship _____

Performance Physical Therapy Fitness Center Health/Medical History Questionnaire

Do you now or have you ever smoked? Yes No

If you previously smoked, how many years did you smoke? _____

How often did you smoke? _____

How long ago did you quit? _____

Do you consider yourself: (*check one*)

Sedentary Light exercise Moderately active Highly active

If active, what kind of exercise do you now do? _____

Would you characterize your life as: (*check one*)

Highly stressful Moderately stressful Low in stress

Medical History -- Please check the boxes next to any of the following conditions you now have, or have experienced in the past.

- | | | |
|---|---|--|
| <input type="checkbox"/> Heart attack, coronary bypass or other cardiac surgery | <input type="checkbox"/> Heart murmur | <input type="checkbox"/> Increased anxiety or depression |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Ankle swelling | <input type="checkbox"/> Emotional disorders |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Cold hands or feet | <input type="checkbox"/> Fatigue, lack of energy |
| <input type="checkbox"/> Peripheral vascular disease | <input type="checkbox"/> Unusual shortness of breathe | <input type="checkbox"/> Difficulty sleeping |
| <input type="checkbox"/> Phlebitis, emboli | <input type="checkbox"/> Lightheadedness or fainting | <input type="checkbox"/> Migraine or recurring headache |
| <input type="checkbox"/> Rheumatic fever | <input type="checkbox"/> Epilepsy, seizures | <input type="checkbox"/> Swollen, stiff, or painful joints |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Anemia | <input type="checkbox"/> Hernia |
| <input type="checkbox"/> Low blood pressure | <input type="checkbox"/> Emphysema | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Chest discomfort | <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Bursitis |
| <input type="checkbox"/> Extra, skipped or rapid heart beats/palpitations | <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Low back pain |
| | <input type="checkbox"/> Chronic, recurring cough | <input type="checkbox"/> Other (<i>list</i>) _____ |

Please explain any boxes you checked: _____

Please list any prescribed medications you are now taking: _____

Please list any over the counter medications or dietary supplements you are now taking:

Please list any illness, hospitalization or surgical procedure within the past two years:

Please give date of last physical examination and results: _____

Family History

Have any of your blood relatives had any of the following? *(Please check those that apply. Include grandparents, parents, aunts, uncles and siblings. Please list relative and age the incident occurred.)*

	Relation to you:	At what age?
<input type="checkbox"/> Heart attack	_____	_____
<input type="checkbox"/> Stroke	_____	_____
<input type="checkbox"/> Coronary disease	_____	_____
<input type="checkbox"/> Congenital heart disease	_____	_____
<input type="checkbox"/> High blood pressure	_____	_____
<input type="checkbox"/> Diabetes	_____	_____
<input type="checkbox"/> Coronary operations	_____	_____
<input type="checkbox"/> Elevated cholesterol	_____	_____

Fitness Goals

Please check / describe specific goals and rate their importance.

<input type="checkbox"/> Improve strength	<input type="checkbox"/> Increase energy	<input type="checkbox"/> Improve flexibility
<input type="checkbox"/> Improve cardiovascular fitness	<input type="checkbox"/> Improve muscle shape / size	<input type="checkbox"/> Lose body weight / fat
<input type="checkbox"/> Gain weight / muscle	<input type="checkbox"/> Rehabilitate injury	<input type="checkbox"/> Injury prevention
<input type="checkbox"/> Improve diet / eating habits	<input type="checkbox"/> Reduce stress	<input type="checkbox"/> Stop smoking / drinking
<input type="checkbox"/> Additional goals (list): _____		

Signature: _____ Date: _____

WAIVER & RELEASE OF LIABILITY

Waiver, Informed Consent, and Covenant Not to Sue

I, _____, have volunteered to participate in a physical training under the direction of Performance Physical Therapy + Fitness which will include, but may not be limited to, weight and/or resistance training. In consideration of the Performance Physical Therapy + Fitness agreement to instruct, assist, and train me, I do here and forever release and discharge and hereby hold harmless Performance Physical Therapy+ Fitness, and their respective agents, heirs, assigns, contractors, and employees from any and all claims, demands, damages, rights of action or causes of action, present or future, arising out of or connected with my participation in this or any exercise program including any injuries resulting there from. **THIS WAIVER AND RELEASE OF LIABILITY INCLUDES, WITHOUT LIMITATION, INJURIES WHICH MAY OCCUR AS A RESULT OF (1) EQUIPMENT THAT MAY MALFUNCTION OR BREAK (2) ANY SLIP, FALL, DROPPING OF EQUIPMENT AND (3) OUR NEGLIGENT INSTRUCTION OR SUPERVISION.**

Assumption of Risk

I, _____, recognize that exercise might be difficult and strenuous and that there could be dangers inherent in exercise for some individuals. I acknowledge that the possibility of certain unusual physical changes during exercise does exist. These changes include abnormal blood pressure; fainting; disorders in heartbeat; heart attack; and, in rare instances, death.

I understand that as a result of my participation, I could suffer an injury or physical disorder that could result in my becoming partially or totally disabled and incapable of performing any gainful employment or having a normal social life.

I recognize that an examination by my physician must be obtained prior to involvement in this exercise program. I acknowledge and agree that I assume the risks associated with any and all activities and/or exercises in which I participate.

Photography and Audio/Video Recording

I hereby give All Performance Physical Therapy + Fitness permission to videotape, photograph, and record my image and or likeness. I understand that such taping or recording may be used at the sole discretion of Performance Physical Therapy + Fitness I also understand by giving permission is in no way an endorsement of Performance Physical Therapy + Fitness or any product(s) distributed by Performance Physical Therapy + Fitness

I ACKNOWLEDGE THAT I HAVE THOROUGHLY READ THIS WAIVER AND RELEASE AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. BY SIGNING THIS DOCUMENT, I AM WAIVING ANY RIGHT I OR MY SUCCESSORS MIGHT HAVE TO BRING A LEGAL ACTION OR ASSERT A CLAIM AGAINST PERFORMANCE PHYSICAL THERAPY+ FITNESS or OTHERS REFERRED TO IN THIS DOCUMENT FOR ANY NEGLIGENCE OR THAT OF OUR EMPLOYEES, AGENTS, OR CONTRACTORS.

Participant's signature (parent/guardian if under 18)

Date

Please Print Name

Witness Signature

Date

Printed Name

POLICY'S & PROCEDURES OF FITNESS CENTER

1. All fitness members must put their card or voided check on file for automatic charge. All payments for monthly gym memberships are due on the first of every month. Card on file will be charged on the first of every month and if we receive a payment after the 5th it is considered late and will incur a \$10 late fee.
2. Three personal holds are allowed per year and holds are only able to be month to month. (memberships cannot be put on hold weeks at a time) Physical therapy holds do not count.
3. Annual memberships start on the day that you sign up, and automatically renew on the anniversary date. You're allowed to put the membership on hold for 3 months max within the year (not including physical therapy). The end date of the membership will extend.
4. Only new members can receive a pro-rated monthly rate on the first month that they join, and full month rates apply to everyone after that first month.
5. If you and a family member want to join the fitness center together you must sign up on the same day to be eligible for discount.
6. Fitness Evaluations are scheduled with a physical therapist or fitness trainer to receive an exercise routine at a cost of \$150 (brand new members) \$75 (previous members). If at any point in time you think you need new exercises, a re-evaluation would be necessary for a cost of \$50.
7. Do not keep a lock on a locker overnight. The lockers are cleaned out every night by Performance staff. As this is a small, intimate gym, we have few lockers for members to enjoy. If you would like a locker with a lock it is \$10 per month, as it eliminates some of our locker space for others.

Signature

Date

Print Name

Fitness Membership Automatic Credit Card Form

Print Full Name On Card: _____

Family Members Under Plan: #1 _____

#2 _____

Credit Card #: _____

Credit Card Expiration: ____/____ Billing Zip Code: _____

Type of Credit Card (circle one):

Visa

MC

AmEx

Discover

By signing below I authorize Performance Physical Therapy and Fitness Center to charge my credit card monthly or annually for the above fitness membership fee. If I wish to cancel this monthly credit card charge and/or my fitness membership, I will provide notice two (2) business days prior to the first of the month.

x: _____ Date: _____
(Cardholder's Signature)

(For Office Use Only)

Start Date for Automatic Billing: ____/01/____

Circle One:

Monthly Membership

Annual Membership

Fitness Membership Fee: _____

Initials: _____