



Fitness Center Registration Form

Date form is completed: _____

Personal Information:

First Name: _____ Last Name: _____

Address: _____ Key Tag #

City: _____ State: _____ Zip: _____

House Phone: _____ Cell Phone: _____

Date of Birth: _____ Gender: Male Female

Email: _____

Emergency Contact Information:

First Name: _____ Last Name: _____

House Phone: _____ Cell Phone: _____

Relationship: _____

Office Use Only: Registration Fee is \$15.00. All users must pay a registration fee, however they may choose to waive an orientation by signing the waiver.

Membership Options:

- Volunteer/Employee Free
- Student and Senior Free
- Individual \$20/Month
- Registration Fee \$15

Date Paid	Amount	Staff Initials

Everyone must pay the Registration fee

Entered In Computer:

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: _____

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.

Printed Name:

Date:

Signature:

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 | In the past month, have you had chest pain when you were not doing 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 your doctor currently prescribing drugs for a heart condition? |
| YES | NO | Do you have or have you ever had asthma, diabetes, or another disease that can restrict your physical activity? |
| YES | NO | Have you had any major surgery or injury that could effect your activity? |
| 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 you 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