



MEMBERSHIP APPLICATION

Date: _____

For Office Use Only:

Membership Type: Single Joint Family Temp

Transaction Type: ACH Credit/Debit Card

Previous Member: Yes No Outstanding Balance: Yes No

Start Date: _____

Membership Fee: _____

Yearly Fee Rate: _____

Renewal Date & Rate: _____

Key Tag Assigned: _____

Membership No: _____

Primary Member Info:

Full Name: _____ DL#: _____ State: _____

Home Address: _____ Apt/Unit Number: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: _____ Apt/Unit Number: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Month _____ Day _____ Year

Primary Phone: _____ Mobile Home Alternative Phone: _____

Email: _____

Preferred Method of Contact: Email Phone

Preferred Time of Contact: Early A.M. Noon After 5

Present Employer:

Company Name: _____ Supervisor: _____

Phone: _____ Address: _____

Unit/Suite: _____ City: _____ State: _____ Zip Code: _____

Primary Physician:

Company Name: _____ Phone: _____

Doctor Name: _____ Fax: _____

Address: _____ Unit/Suite Number: _____

City: _____ State: _____ Zip Code: _____

Emergency Contacts:

Name: _____ Relationship: _____

Phone: _____ Alternate Number: _____

Name: _____ Relationship: _____

Phone: _____ Alternate Number: _____

Name: _____ Relationship: _____

Phone: _____ Alternate Number: _____

MEMBERSHIP APPLICATION

Date: _____

Health Intake:

Do you smoke? Yes No – If Yes, how much? _____ Per day Previous smoker? Yes No

Has your doctor diagnosed you with any lung issues? Yes No – If Yes, when? _____

Has your doctor ever diagnosed you with high blood pressure? Yes No – If Yes, when? _____

Has your doctor ever diagnosed you with diabetes? Yes No – If Yes, when? _____

Do you have any known cardiovascular problems (abnormal ECG, previous heart attack, atherosclerosis, etc?)

If so, what & when: _____

Has your doctor ever diagnosed you with high cholesterol? Yes No – If Yes, when? _____

Have you been diagnosed with any orthopedic problems (bad back, knees, ankles, etc)? Yes No

Has your doctor ever suggested aerobics or diagnosed with you being overweight? Yes No

If so, how much are you overweight? _____ Under any dietary restrictions? Yes No

Are you currently taking any prescribed medications or dietary supplements? Yes No

If so, what & how much? _____

Are you currently pregnant? Yes No If No, are you within six-weeks or less post-partum? Yes No

Are you currently attending or involved in a regular exercise program? Yes No If Yes, how often? _____

Do you currently have any ongoing medical conditions or issues not previously mentioned? Yes No

If yes, please describe: _____

Date of last physical examination? _____ Attending Physician: _____

Any concerns/results: _____

Program Goals:

What are your goals with attending? Weight Loss Feel Better Doctor Orders Other – Explain: _____

My signature below affirms the above-contained information is answered honestly, correctly, and to the best of my ability.

An orientation covering the following areas of facility use regarding the following:

Facility Rules & Regulations Equipment Use Facility Sign Postings

I have an orientation scheduled on _____ completed by: _____

I agree I am an experienced gym user and completely understand all of the areas covered by the facility's orientation program. It is my final decision that I DO NOT want to participate in the facility's orientation program. By signing below, I assume all risks inherent with exercise participation.

I have been notified by TOTAL BODY GYM & TAN & others that I should consult my physician and have it approved first before starting this exercise program. I understand that it is in my best interest to consult my physician; I have decided against this advice and DO NOT WISH TO CONSULT MY PHYSICIAN. By signing below, I elect NOT to consult my physician. I understand in not doing sole risk, the possibility of injury, permanent damage, or even death by participating in the exercise program. I hereby release TOTAL BODY GYM & TAN, owners, and others, for myself, my heirs, and assigns any claims, demands, and causes of action arising from my participation in the program now or in the future.

Today's Date: _____

Signature: _____

Print: _____