

Spine & Sport Fitness Centre

Monday – Friday 4:30am until Midnight

Saturday & Sunday 4:30 am until 10:00pm

Name: _____ Date: _____ DOB: _____ Age: _____

Address: _____ City: _____

State: _____ Zip: _____ Telephone: _____ (H)

_____ (W) Physician: _____

Height: _____ Weight: _____ M/F (circle)

Full Fitness Membership

Access is available Monday through Friday, 4:30 AM until Midnight, Saturday and Sunday 4:30 AM until 10:00 PM.

Select membership type and length. Please note discounts increase the longer the commitment.

Type of Membership:	Monthly	Quarterly (3 Months)	Semi-annual (6 months)	Annual Limited** (12 months)	
SINGLE:	\$65 _____	\$150 _____	\$270 _____	\$480 _____	\$30 _____
*Each additional family membership	\$45 _____	\$90 _____	\$180 _____	\$336 _____	N/A

Monthly billing of the quarterly, semi-annual and annual memberships are available at the equivalent rate (for example, the annual rate would be \$40 per month, semi-annual would be billed at \$45, etc). However, early termination of the membership will be subject to a penalty calculated as the difference between the rate billed and the rate that would have applied (based upon actual length of membership term) times the number of months the membership was in effect. For instance, an annual member terminating after two months would be assessed \$50 (two months times the difference between the monthly rate of \$65 and \$40 billed) and can be applied to your credit card. If the member discontinues an annual membership after 7 months, the penalty would be calculated as \$5 (the difference between the semi-annual and annual monthly rates) times 7 months or a total of \$35. After 12 months no penalties apply.

*Family is a spouse or a personal family member over the age of 13. Children ages 12 years or under are not permitted due to the unsupervised nature of non-business hours. Ages 13-16 must be accompanied by an adult. Spine & Sport Fitness Centre reserves the right to allow exceptions in rehab or individual situations.

Regular physical activity is safe for most people. However, some individuals should check with their doctor before they start an exercise program. To help us determine if you should consult with your doctor before starting to exercise, please read the following questions carefully and answer each one honestly. All information will be kept confidential.

Health History

List any – Previous surgeries: _____

Previous fractures/sprains: _____

Medications : _____

Please check **YES** or **NO** to the following: YES NO

- | | | |
|---|-------|-------|
| 1. Do you have high blood pressure? | _____ | _____ |
| 2. Do you have a heart condition? | _____ | _____ |
| a. Do you take Nitroglycerine? | _____ | _____ |
| 3. Have you ever experienced a stroke? | _____ | _____ |
| 4. Do you have epilepsy or seizures? | _____ | _____ |
| 5. Do you have exercise-induced asthma? | _____ | _____ |
| 6. Do you feel pain in your chest when you exercise? | _____ | _____ |
| 7. 7. In the past month, have you had chest pain when you were not exercising? | _____ | _____ |
| 8. Do you ever lose consciousness or do you ever lose control of your balance due to chronic dizziness? | _____ | _____ |
| 9. Are you currently being treated for a bone or joint problem that restricts you from exercising | _____ | _____ |
| 10. Do you have a back problem? Specify: _____ | _____ | _____ |
| 11. Has anyone in your immediate family (parents or siblings) had heart attack, stroke, or cardiovascular disease before age 55 | _____ | _____ |
| 12. Do you smoke? | _____ | _____ |

ACTIVITY HISTORY:

What physical activities do you engage in? How often?

What equipment do you have available at home or elsewhere?

Treadmill Free Weights Stationary Bike

Nordic Track Videos (type: _____)

Other: _____

What are your specific fitness goals? (Indicate all that apply)

-
- | | |
|---------------------------------|-----------------------|
| Increase strength and endurance | Improve flexibility |
| Improve cardiovascular fitness | Improve muscle tone |
| Reduce body fat | Increase muscle mass |
| Exercise regularly | Injury rehabilitation |
| Sports conditioning | Other _____ |

Other fitness goals? (Indicate all that apply)

-
- | | | | |
|------------------------|------------------------------|---------------------|-------------|
| Reduce stress | Improve nutritional habits | Improve bone health | |
| Control blood pressure | Control cholesterol | Reduce weight | |
| Stop smoking | Improve energy level | Reduce pain | feel better |
| Improve appearance | Increase my health awareness | | |
| Other: _____ | | | |

What motivated you to join Spine & Sport and Fitness Centre

-
- | | | |
|---|---------------------------------|----------------------|
| convenience/location | hours of operation | corporate membership |
| physician recommendation | continue rehabilitation program | |
| medical reasons (please specify: _____) | | |

I have read, understood, and completed this questionnaire. Any questions that I had were answered to my full satisfaction.

Name _____ Date _____

Signature _____

Signature _____

(Spine & Sport staff)

Please note: when issued a key card, it must be returned at the end of your membership to avoid a \$25.00 fee.

Spine & Sport Fitness Centre

1. In consideration of gaining membership or being allowed to participate in the activities and programs of Spine & Sport Centre and to use its facilities and equipment in addition to the payment of any fee or charge, I do hereby waive, release, and forever discharge Spine & Sport Therapy and Fitness Centre and its officers, employees, and all other from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities at said facility. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury of damage to myself, including those caused by the negligent act of omission of any of any of those mentioned or others acting on their behalf connected with my participation in any activities or equipment use at Spine & Sport Therapy and Fitness Centre. (Please initial _____)
2. I understand and am aware that strength and aerobic exercise, including the use of equipment, is potentially hazardous activity. I also understand that fitness activities involve risk of injury and even death and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death. (Please initial _____)
3. I hereby declare myself to be physically sound and suffering no condition, impairment, disease, infirmity, or other illness that would prevent my participation in any of the activities and programs of Spine & Sport Fitness Centre. Or use of equipment or machinery except as hereinafter stated. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to a physical activity, exercise, and use of exercise equipment so that I might gain recommendations concerning fitness activities and equipment use. I acknowledge that I have either had a physical examination and have been given physician's permission to participate, or that I have decided to participate in activity and/or use equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation in activities and use of equipment at Spine & Sport Fitness Centre. (Please Initial _____)

Signature

Date

