



BAC FITNESS CENTER MEMBERSHIP APPLICATION

106 Tonkin Street, Beaverton, Michigan 48612

Membership start date

Membership expiration date

Name: _____ Birthdate: _____

(Member #1 for a Family Membership)

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Employer: _____ Phone: _____

MEMBERSHIP LEVEL

1 month (\$15) _____ 3 months (\$35) _____ 6 months (\$60) _____ 1 year (\$100) _____ Family (\$200) _____

Extended Hours Upgrade (additional \$25): Yes _____ No _____ Access Card # _____

Payment type (check one): Cash _____ Check _____ Credit Card _____

FAMILY MEMBERSHIP INFORMATION *(Family members must have the same physical address. Children ages 13-17 are eligible with parental supervision.)*

Member #2 Name _____ Birthdate _____ Age _____

Member #3 Name _____ Birthdate _____ Age _____

Member #4 Name _____ Birthdate _____ Age _____

Member #5 Name _____ Birthdate _____ Age _____

HEALTH HISTORY *(Check each family member for which the condition applies.)*

Heart Condition _____1 _____2 _____3 _____4 _____5 Controlled Asthma _____1 _____2 _____3 _____4 _____5

Chest Pain _____1 _____2 _____3 _____4 _____5 Faintness or Dizzy Spells _____1 _____2 _____3 _____4 _____5

High Blood Pressure (over 140/90) _____1 _____2 _____3 _____4 _____5 Smoking _____1 _____2 _____3 _____4 _____5

Pregnant _____1 _____2 _____3 _____4 _____5 Arthritis or Other Joint Condition _____1 _____2 _____3 _____4 _____5

Uncontrolled Asthma or Other Lung Condition _____1 _____2 _____3 _____4 _____5 Diabetes _____1 _____2 _____3 _____4 _____5

High Cholesterol _____1 _____2 _____3 _____4 _____5 Osteoporosis or Other Bone Condition _____1 _____2 _____3 _____4 _____5

PARENTAL CONSENT FOR A MINOR'S USE OF BAC FITNESS CENTER – 13 to 17 years of age to be accompanied by an adult

I hereby declare that I am the parent or legal responsible guardian of _____

I consent to allow said child to use the Beaverton Activity Center's Fitness Center and I hereby waive and release the Beaverton Activity Center, its agents and employees from any and all claims for damages or personal injury arising from participation in the Fitness programs or use of the Beaverton Activity Center and the Beaverton Activity Center's Fitness Center. Minimum age for the fitness center membership is 13 years of age.

(Signature of parent/guardian) Date _____

(Beaverton Activity Center representative) Date _____

CONDITIONS OF MEMBERSHIP

All members are required to present a current, valid membership card for identification when using the Beaverton Activity Center facilities. Membership cards are not transferrable. Allowing another person to use your card could result in immediate termination of your membership. There will be a \$10.00 fee to replace a lost card. As a member of the Beaverton Activity Center, you agree to follow the policies, procedures and appropriate behaviors for the safety and comfort of all members and guests.

HOLD HARMLESS STATEMENT

Member specifically assumes all risks of injury arising out of his or her presence on or about the premises, or his or her use or intended use of equipment of facilities, or his or her participation in the activities of the Beaverton Activity Center, a Michigan corporation, on or about the premises and does hereby for himself or herself, his or her heirs, executors and administrators waive, release and agree to hold free from all claims for damages, the Beaverton Activity Center corporation, and its respective officers, directors, Board of Directors, members, employees or agents.

I have read, understand and agree with the Conditions of Membership and Hold Harmless Statement above. In addition, I understand and agree that the Conditions of Membership and the Hold Harmless Statement are in effect throughout my membership with the Beaverton Activity Center. I understand and agree that if the membership is interrupted for any reason, these agreements will remain in effect during the period of interruption as well as after the membership is reinstated.

Member Signature: _____ / _____ Date _____

INFORMED CONSENT FOR EXERCISE PROGRAM (This information will be kept confidential)

- I desire to engage voluntarily in a Beaverton Activity Center exercise program in order to improve my physical fitness. The program may involve, but is not limited to, cardiovascular, strength and flexibility conditioning.
- I understand that the fitness staff members will do their best to teach me to exercise in a safe and effective manner.
- I understand that I am responsible for monitoring my condition throughout my exercise program and should any unusual symptoms occur, I will cease my participation and inform the fitness staff member and my physician of the symptoms. The Beaverton Activity Center's Fitness Center is not a medical treatment facility and medical services are not provided. Beaverton Activity Center staff members are not medically trained and are not responsible for any medical condition that may exist. Beaverton Activity Center staff members will call 9-1-1.
- I also understand that in order to participate, I may need a physician's consent if deemed necessary by the staff of the Beaverton Activity Center.
- I understand that memberships will not be allowed to be suspended or placed on hold at the request of the B-Fit member. Memberships will begin the day purchased and will remain active until the membership ends (1, 3, 6, 12 months). Upon submission of verification of relocation or illness, any member in good standing may convert to inactive status for a period of 30 days, but not more than 90 days.
- I understand that management has the right to terminate my membership.
- I understand that family members on my membership must live in the same physical address.
- Trespassing or access card fraud will result in loss of Fitness Center Membership
- Children under 13 years of age need supervision by an adult in the gym.
- Everyone must check in at the front desk.
- In signing this consent form, I affirm that I have read and completely understand the nature of the exercise program. I agree to assume the risk of such exercise and further agree to hold harmless the Beaverton Activity Center, its Board, Directors and its staff members from any and all claims, suits, losses or related causes of action, including but not limited to such claims that may result from my injury or death, accidental or otherwise, during or arising in any way, from/ the exercise program.
- I have received, read and understand the Beaverton Activity Center Fitness Center Policies and Procedures.

Member Signature: _____ / _____ Date _____

Printed Name(s): _____ / _____

Physician's Name: _____ Phone: _____