



106 Tonkin Street
Beaverton, Mi. 48612

FITNESS CENTER MEMBERSHIP APPLICATION

Name: _____ Email _____

(This individual is considered family member number 1)

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

Phone No.: _____ Cell No.: _____ Birthdate: _____

Emergency Contact: _____ Relationship: _____ Phone No.: _____

Employer Name: _____ Phone No.: _____

I consent to receive information on class cancellations and future classes from the Beaverton Activity Center and its staff via email: Yes No

FAMILY MEMBERSHIP APPLICATION AND INFORMATION

Family Member

2 Name _____ Birthdate _____ Age _____

3 Name _____ Birthdate _____ Age _____

4 Name _____ Birthdate _____ Age _____

HEALTH HISTORY

(Check each family member for which the condition applies)

	Family Member
Heart Condition	__1__ __2__ __3__ __4__
Chest Pain	__1__ __2__ __3__ __4__
High Blood Pressure (over 140/90)	__1__ __2__ __3__ __4__
Pregnant	__1__ __2__ __3__ __4__
Uncontrolled Asthma or Other Lung Condition	__1__ __2__ __3__ __4__
High Cholesterol	__1__ __2__ __3__ __4__
Controlled Asthma	__1__ __2__ __3__ __4__
Faintness or Dizzy Spells	__1__ __2__ __3__ __4__
Smoke	__1__ __2__ __3__ __4__
Arthritis or Other Joint Condition	__1__ __2__ __3__ __4__
Diabetes	__1__ __2__ __3__ __4__
Osteoporosis or Other Bone Condition	__1__ __2__ __3__ __4__

PARENTAL CONSENT FOR A MINORS (16 OR 17 YRS.) USE OF THE BEAVERTON ACTIVITY CENTER'S FITNESS CENTER

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 16 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.

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 member of the Beaverton Activity Center.
- ✓ 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.
- ✓ In addition, I have received, read and understand the Beaverton Activity Center Fitness Center Policies and Procedures.

Member's Signature: _____ / _____ Date _____

Printed Name(s): _____ / _____

Physician's Name: _____ Telephone No.: _____