



Gym Registration Form

First Name : _____ **Last Name :** _____

Gender : **Female** **Male**

Address : _____

City : _____ **State :** _____ **Zip Code :** _____

Home Number : _____ **Cell Number :** _____

DOB (M/D/YR): _____ **Email :** _____

Emergency Contact: _____ **Emergency Contact PH#:** _____

Membership Type/Rate: **Single (\$55.00 per month)** **Family 2 (\$75.00 per month)** **Other:**

Do you have any medical conditions or special requirements that we need to know about, if so, please list them:

ERW PHYSICAL THERAPY MEMBERSHIP AGREEMENT

Suspension or termination of the clients ERW Physical Therapy privileges may occur under the following conditions:

- 1) Upon 30 days written notice submitted by the client via the ERW Physical Therapy termination form.
- 2) Violation of the ERW Physical Therapy conduct guidelines.
- 3) At the discretion of the ERW Physical Therapy administrative staff.

JOINER'S FEE/ DUES

Payment of membership dues:
- Automatic monthly credit card payment

Electronic membership passes require a refundable \$10.00 deposit. These passes remain the property of ERW Physical Therapy and must be returned upon request. All other fees paid for membership including joining fees are non-refundable. To qualify for any family category, members must reside at the same address and pay monthly dues from one credit card.

CONDUCT GUIDELINES

ERW Physical Therapy strives to promote health and wellness in a safe and pleasant environment for all staff and clients. While every scenario is not covered in the following conduct guidelines, all clients are expected to conduct themselves in a manner which is conducive to the safety and respect of others.



ERWTM PHYSICAL THERAPY

The following actions/behaviors are strictly prohibited and may result in termination of membership privilege

- Harassment or intimidation verbally or by physical actions, body language, or any type of inappropriate behavior
- Physical contact with another person in a non-consensual, aggressive, or threatening way
- Verbally abusive behavior, including angry or vulgar language, demeaning comments or raising your voice at another individual
- Sexually explicit conversation or behavior; any sexual contact with another person
- Inappropriate, immodest, or sexually revealing attire
- Closed toe shoes must be worn in the fitness area
- Possession of a weapon of any type
- Possession, use or being under the influence of alcohol or illegal chemicals while on ERW Physical Therapy premises.
- Smoking while on ERW Physical Therapy premises
- Use of cell phones in the fitness area
- Use of any video/picture taking equipment, including camera phones, in the fitness center area
- Theft or destruction of property
- Solicitation or loitering on ERW Physical Therapy property
- Children under the age of 14 are not permitted in the gym. Children 14-17 years old must be accompanied by a parent or guardian at all times
- You must be 18 or older to obtain a single membership
- Non-member guests/family members are not allowed to wait on you in the facility during your workout without written authorization by ERW Physical Therapy Administrative staff.
- No food or drink is allowed in the facility with the exception of water and sports drinks in a closed, unbreakable, spill proof container.
- Allowing a non-member to accompany you in the work out area may result in loss of your membership privileges.

Please be aware that our gym/clinic staff may at times provide unsolicited suggestions on modifying your exercise form and or parameters.

Automated billing of monthly dues will not be halted for any reason other than medically related issues that prohibit participation in exercise. Any such medical issue requires a letter from your physician expressing such limitation.

ERW Physical Therapy reserves the right to deny access or membership to any person who has been accused or convicted of any crime involving sexual abuse, is or has been a registered sex offender, has ever been convicted of any offense relating to the use, sale, possession, or transportation of narcotics or habit forming and/or dangerous drugs, or is presently or habitually under the influence of dangerous drugs or chemicals, narcotics, or intoxicating beverages.

Clients, members and guests are encouraged to take the initiative for their own comfort and safety by respectfully communicating with any person whose behavior threatens their comfort to cease such behavior. Anyone who feels uncomfortable in confronting a person directly should report the behavior to a Evans Rehab employee.

Insurance regulations required that the 24 hour fitness facility be monitored by video surveillance cameras. By submitting this application, I agree that ERW Physical Therapy may photograph or videotape me, and may use those photographs or video footage for business related purposes. I release indemnify and hold harmless ERW Physical Therapy and its employees from any claim or liability related to that use, and waive all claims for myself, my heirs, successors and assignees against ERW Physical Therapy and all of its employees.

I acknowledge the membership agreement set forth above and agree to comply with the ERW Physical Therapy conduct guidelines and hereby apply for membership.

Signature: _____ **Date:** _____

Regular physical activity is fun and healthy, and more people are becoming more active every day. Being more active is very safe for most people. However, some people should check with their doctor before becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15-69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 year of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly.

Circle YES or NO.

- Yes / No** Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
- 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 by a change in your physical activity?
- Yes / No** Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
- Yes / No** Do you know of any other reason why you should not do physical activity?

If you answered YES to one or more questions, talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES. You may be able to do any activity you want-as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those that are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.

If you answered NO honestly to all questions, you can be reasonably sure that you can:

- Start becoming much more physically active-begin slowly and build up gradually. This is the safest & easiest way to go.
- Take part in a fitness appraisal-this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively.

Even if you answer NO to all questions, you should delay becoming much more active:

- If you are not feeling well because of temporary illness such as a cold or a fever – wait until you feel better.
- If you are or may be pregnant – talk to your doctor before you start becoming more active.

Please note: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

Informed Use of the PAR-Q: The Canadian Society for Exercise Physiology, Health Canada, and their agents assume to liability for person who undertake physical activity. If in doubt after completing this questionnaire, consult your doctor prior to physical activity. I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction.

Name: _____

Signature: _____ Date: _____

Signature of Parent: _____ Witness: _____
or Guardian (for participants under the age of majority)



Waiver & Release Form

You have agreed to purchase a membership at a facility that allows you to access at any time. As such, you are aware that there will be times where no supervision or assistance is available. You are also aware that if you are injured, become unconscious, suffer a stroke or heart attack, that there will potentially be no one to respond to your emergency and this facility has no duty to provide assistance to you. Even though this facility is equipped with surveillance cameras, it is likely that should require immediate assistance, none will be provided. We HIGHLY recommend that you have a workout partner accompany you while at the club, but it is entirely up to you. **Initial** _____

Because physical exercise can be strenuous and subject to risk of serious injury, the club urges you to obtain a physical examination from a doctor before using any exercise equipment or participating in any exercise activity. You (each member, guest, or participant) agree that if you engage in any physical exercise or activity, or use any club amenity on the premises or off premises including any sponsored club event, you do so entirely at your own risk. Any recommendation for changes in diet including the use of food supplements, weight reduction and/or body building enhancement products are entirely your responsibility and should consult a physician prior to undergoing any dietary or food supplement changes. You agree that you are voluntarily participating in the use of this facility and assume all risks of injury, illness, or death. We are also not responsible for any loss of your personal property.

Initial _____

You acknowledge that you have carefully read this "waiver and release" and fully understand that it is a release of liability. You expressly agree to release and discharge the club, and all affiliates, employees, agents, representatives, successors, or assigns, from any and all claims or causes of action and you agree to voluntarily give up or waive any right that you may otherwise have to bring a legal action against the club for negligence, personal injury or property damage. **Initial** _____

Note: Should any part of this agreement be found by a court of law to be against public policy or in violation of any state statute or case precedence, then only that wording is removed and the remainder of this agreement will remain in full force and effect.

Signed: _____ **Printed Name:** _____

Dated: ____/____/____

Credit/Debit Card Agreement

I have given my authority to the below named bank/credit card company to honor preauthorized EFT/Charge drawn by Evans Rehabilitation Services, L.L.C. on my account for the membership payments as indicated below. It is understood that the transmission of a preauthorized draft to the bank as payment becomes due shall constitute valid notice of such payment due on the above named activity. When the bank honors the draft by charging my account, such draft shall constitute my receipt for the payment. Should any preauthorized draft not be honored by said bank when received by them, then it is understood that the payment will be collected electronically as well as a \$30.00 NSF service fee.

Monthly Memberships are a continuous membership plan. I understand that the membership will remain in effect until I initiate its termination by giving a written notice 30 days prior to my next scheduled monthly withdrawal date.

Member's Ongoing Right to Cancellation: After the first thirty days of membership, you may cancel the remainder of your membership at any time by giving written notice thirty (30) days in advance of your next scheduled date of monthly EFT/Charge. Failure to give 30 day's written termination notice will result in that month's fees being non-refundable.

Credit Card Type: Visa MasterCard Discover

Mailing address affiliated with credit card

Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____

Credit Card Number: _____

Expiration Date: _____ **3 digit security code (back of card):** _____

Card Holders Name: _____

Card Holders Signature: _____ **Date:** _____

Travel Notice

ERW Physical Therapy memberships are month-to-month. We understand that some people have set travel dates and during that time will not be able to utilize their membership. ERW Physical Therapy will allow you to "freeze" your membership as long as your travel is for 2 or more consecutive months. If you have regularly scheduled travel dates that will conflict with your membership, please provide the requested information below upon initiating membership with our facility.

Travel Months: _____

Member Name: _____

Member Signature: _____

Date: _____

Personal Training Contract/Agreement

In order to maximize progress, it will be necessary for you to follow program guidelines during supervised and (if applicable) unsupervised training days. Remember, both exercise and healthy eating are important. It is unlikely for exercise to compensate for a poor diet.

During your exercise program, every effort will be made to assure your safety, however, as with any exercise program, there are risks, including increased heart stress and the chance of musculoskeletal injuries. In choosing to participate in this program, you agree to assume responsibility for these risks and waive any possibility for personal injury. You also agree that you have no limiting physical conditions or disability that would preclude your participation in an exercise program.

A physician's examination is recommended for all participants. Personal training participants who do NOT have a prior physician examination MUST acknowledge they have been informed of its importance, which is evidenced by your signature below. By signing below, you accept full responsibility for your own health and well-being AND you acknowledge an understanding that no responsibility is assumed by the leaders of the program. You also agree to release and hold harmless Health Quest Fitness Consultants, L.L.C. and Evans Rehabilitation Services, L.L.C. as well as their agents and assigns from any and all injury or damages which may occur as a result of your participation in this program.

Personal Training Terms and Conditions

1. In order to be considered an "early cancellation", our staff must be notified at least 24 hours prior to the scheduled appointment time.
2. "Early cancellations" for members of group training sessions will require a price adjustment based on the applicable rate for the number of clients present for that session.
3. Clients arriving late will receive the remaining scheduled session time, unless other arrangements have been previously made with the trainer.

_____ Date: _____
Participant's name (please print clearly)

_____ _____
Participant's signature Parent/guardian's signature (if needed)