

Managed and Operated by:
Health & Sport Works, Inc.

Chandler Health & Fitness Center
2700 South Price Road – A1-05
Chandler, Arizona 85286
General Manager: Sharron Shrader – Sharron@hsworks.com

Membership Application and Agreement

PERSONAL INFORMATION:

FIRST NAME _____ LAST NAME _____ MIDDLE_INITIAL _____
BIRTHDATE ___/___/___ GENDER: M / F
HOME ADDRESS _____
CITY _____
STATE _____ ZIP _____ HOME PHONE (____) _____-_____ WORK PHONE (____) _____-_____
EMPLOYER _____
E-MAIL WORK _____ E-MAIL HOME _____
EMERGENCY CONTACT _____ PHONE (____) _____-_____

MEMBERSHIP TYPE:

_____ Month to Month (30 day notice*) (\$19.99/mo),

***I understand month to month termination requests received between the 1st & 5th are processed by the current month's end. **After the 5th, I will be held responsible for the entire following month's dues.** _____ (initial)**

___ One Month (\$35.00), ___ One Week (\$15.00), ___ Day Pass (\$6.00), ___ 5 Punch Pass (\$25.00)

ONGOING PAYMENT TYPE: Bank Draft (collect void check) or CC Draft

CURRENT_DATE _____ Effective Date _____ EXPIRATION_DATE _____

Notes _____

Prorated Dues..... \$ _____

Misc. Fees \$ _____ (Wellness Key, etc.)

Total Due..... \$ _____ Today's Payment Method: Cash/ Check/ CC

Agreement Terms

The Health & Fitness Center is an employee wellness facility that requires a preliminary health screening prior to membership enrollment. **Should you be identified as having a potentially serious health risk factor, you may be asked to receive a clearance from your physician prior to acceptance and participation.** No monies will be collected or will be reimbursed if you choose not to submit a clearance or participation is denied by a physician.

I hereby apply for membership to the Health & Fitness Center and agree to be bound by the rules and regulations applicable to my membership, as they are now written or may hereafter exist.

Month to month memberships may be cancelled with a 30-day notice from the date of the draft. The monthly draft is on the 1st of each month and 30-day cancellation notices must be received by the 5th of the month to cancel for the following month. Cancellation requests received after the 5th of the month will be processed the following month and the member will be responsible for one more month's dues.

I may freeze my membership for a minimum of one (1) month and a maximum of three (3) months. I understand my access to the center will be temporarily terminated during the freeze dates of my membership. Freezes are limited to individuals who present written medical proof of injury, illness or disability, or with verifiable proof of relocation of employment or residence to a new temporary location beyond a ten-mile (10) radius, accompanied by a thirty-day (30) written notice to the General Manager. Membership freeze exceeding three (3) months is subject to management approval.

Rates for membership are subject to review on an annual basis. You will be notified of any such changes in fees at least 30 days in advance. I acknowledge that illness or injury may result from exercise or use of exercise equipment. **I hereby accept any and all risk of**

illness or injury resulting from exercise including supervised or recommended exercise and from use of exercise equipment including proper or supervised use.

I expressly agree that this is a legally enforceable contract, that I have read and understand this contract and I agree that all accounts and fees are payable in full by the date specified in the billing process. A \$15 fee will be charged for returned payments. A late fee of three (3.0%) per month will be charged on any balances for membership or services not paid by the due date. I further acknowledge that any account that becomes ninety (90) days overdue will be referred to collections for the current balance plus the remaining monthly dues owed to complete the initial year contract, in addition to any legal cost, including but not limited to attorney fees. Certain restrictions may apply for accounts that are reinstated following the collection process.

First Draft Date will include a payment of \$19.99 (\$21.55 including taxes) to the Health and Fitness Center on ____/____/____

Applicant's Signature: _____
Date: ____/____/____

Accepted by: _____
Date: ____/____/____

Notes:

PAR-Q

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

	Questions	Yes	No
1	Has your doctor ever said that you have a heart condition and that you should only perform physical activity recommended by a doctor?		
2	Do you feel pain in your chest when you perform physical activity?		
3	In the past month, have you had chest pain when you were not performing any physical activity?		
4	Do you lose your balance because of dizziness or do you ever lose consciousness?		
5	Do you have a bone or joint problem that could be made worse by a change in your physical activity?		
6	Is your doctor currently prescribing any medication for your blood pressure or for a heart condition?		
7	Do you know of <u>any</u> other reason why you should not engage in physical activity?		

If you have answered "Yes" to one or more of the above questions, consult your physician before engaging in physical activity. Tell your physician which questions you answered "Yes" to. After a medical evaluation, seek advice from your physician on what type of activity is suitable for your current condition.