

Membership Application



Locations:

- Mountain Fitness - The Wellness Center - Mt. Shasta**
- Mountain Fitness- South - Mt. Shasta**
- Mountain Fitness - Lake Shastina**

First Name: _____ Driver's License #: _____
 Last Name: _____ Picture ID #: _____
 Address: _____ Home Phone#: _____
 Address: _____ Cell Phone#: _____
 City/State: _____ Work Phone#: _____
 Zip Code: _____ Sex: Male / Female Employer: _____
 Birth Date: ____/____/____ Emergency Contact: _____
 Phone#/Relationship: _____

E-Mail Address: _____

May we send the monthly newsletter to your email address? Y / N

May we send your bills/invoices to your email address? Y / N **There is a \$2 additional charge for paper bills.**

MEMBERSHIP TYPE	MONTHLY RATE	TOTAL AMOUNT DUE TODAY

Your Joining Fee entitles you to an orientation with a personal trainer. Would you like a trainer to call you to set up an orientation? Y / N

ASSUMPTION OF RISK AND WAIVER OF CLAIMS. Gym, pool, and activities carry some inherent risks, including but not limited to injury from free weights, injury during the use of exercise machines, from drowning, from falling on slippery pool, bathroom, and court surfaces.. The undersigned **member** hereby acknowledges and assumes all such risks and release **MOUNTAIN FITNESS CENTERS LLC.** (DBA "MOUNTAIN FITNESS"), its officers and agents from liability for any such injuries, and the **member** agrees that the **member** will at no time pursue any legal claims, actions, or lawsuits against them for such injuries. This assumption of risk and release of liability shall apply even if the injury is due to negligence on the part of MOUNTAIN FITNESS. It shall be binding upon the personal representatives, heirs, and assigns of the **member**, and shall also apply to classes offered by MOUNTAIN FITNESS. This assumption and release applies to all facilities and activity locations. The **member** agrees to promptly report any worn or unsafe equipment, activities, or conditions to MOUNTAIN FITNESS. The **member** understands that the use of the gym and equipment is unsupervised and there are no lifeguards at the pool. For the users under the age of 18, their parent signs the agreement as the **member** on their behalf.

IF THE APPLICANT IS UNDER THE AGE OF 18,, a parent signature is needed to authorize this membership. It is understood that the parents shall assume all financial responsibility for this membership.

DECLARATION OF OBLIGATION: By signing, the member agrees that they are financially responsible for all charges incurred on this account. This includes, but is not limited to, the regular membership dues, joining fee, late fees, and any service charges. **Membership dues are billed on the 1st calendar day of each month, and payment is due by the 15th of the same month.** A \$10 late fee will apply to any past due balance not paid by the due date.

I **READ, SIGNED,** and **UNDERSTAND** the membership cancellation policy. **Applicant's Initials:** _____

SIGNATURE: _____ **DATE:** _____

PARENT SIGNATURE: _____ **DATE:** _____

How were you referred to Mountain Fitness? _____

*****OFFICE USE ONLY*****

TOTAL AMOUNT DUE TODAY: _____
TOTAL AMOUNT RECEIVED: _____
CARD ISSUED: _____ (employee initials)

OFFICE NOTES
 Account # _____
 Res Card # _____ (If Applicable)

MOUNTAIN FITNESS

CANCEL & LATE POLICY

Please read the following carefully:

- **All cancellation requests must be submitted in writing.** This can be accomplished by one of the following methods:
 1. Complete a cancellation request form found at each of our staffed locations.
 2. Mail a written request to our business office located at
Mountain Fitness
1630 S. Mount Shasta Blvd
Mt. Shasta, Ca 96067
 3. Send an email to our billing department at billing@mountainfitnessca.com.
- All requests must be received no later than the **25th** of the preceding month that you wish to cancel.
- If the cancellation form is received **AFTER** the 25th of the **preceding month**, you will be charged for the following month's membership dues, and the account will be cancelled at the end of the following month.

LATE DUES POLICY: All memberships 30 days past due are subject to a \$10.00 Late Fee. All memberships 60 days past due are **SUSPENDED**. After suspension at 60 days, you have 30 days to make payment before the account goes to our Collection Agency. One in Collection, the membership cannot be re-activated until it is fully paid.

By signing this form, you acknowledge and agree to the terms regarding cancellation of your membership. You agree to pay for any late fees and last month's dues charged to the account associated with the late cancellation requests, as well.

Print Name: _____

Signature: _____ Date: _____

MOUNTAIN FITNESS

HEALTH PROFILE

DATE: _____

NAME: _____

PHYSICIAN NAME: _____ PHYSICIAN PHONE: _____

Are you currently taking any medications or drugs? Yes _____ No _____

If yes, please list any type, dose, and reason: _____

Does your Physician know you are participating in an exercise program? Yes _____ No _____

Health Questionnaire

Your health is important to us. Please read the questions carefully and answer each one honestly with a **YES** or **NO** answer:

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by your doctor?
<input type="checkbox"/>	<input type="checkbox"/>	2. Do you feel pain in your chest when you do physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	3. In the past month, have you had chest pain while you were doing any physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	4. Do you lose your balance because of dizziness or do you lose consciousness?
<input type="checkbox"/>	<input type="checkbox"/>	5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	6. Is your doctor currently prescribing medication (for example, water pills) for your blood pressure or heart condition?
<input type="checkbox"/>	<input type="checkbox"/>	7. Do you know of any other reason why you should not do physical activity?

***If you answered Yes to any of the above questions, we must have a Physician's release from you on file. _____ (EMPLOYEE CHECK)**

Medical History

Please put a check next to any of the following conditions you have now or have experienced in the past.

- | | |
|--|--|
| <input type="checkbox"/> Heart attack, coronary bypass, or other cardiac surgery | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Low blood pressure | <input type="checkbox"/> Swollen, stiff or painful joints |
| <input type="checkbox"/> Chest discomfort | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Hernia | <input type="checkbox"/> Recent surgery(last 12 months) |
| <input type="checkbox"/> Unusual shortness of breath | <input type="checkbox"/> Pregnancy(now or within last 3 months) |
| <input type="checkbox"/> Lightheadedness or fainting | <input type="checkbox"/> Epilepsy/seizures |
| <input type="checkbox"/> Increased blood cholesterol | <input type="checkbox"/> Any chronic illness or condition (explain): _____ |
| <input type="checkbox"/> Obesity(more than 20% over ideal body weight) | _____ |

Please explain any checked boxes _____

I affirm that the above information is true and accurate.

Member Signature: _____ Date: _____

(STAFF USE ONLY: Exercise Specialist: _____ Consultation Date: _____)

THIS STATEMENT IS TO BE READ BY EACH PARTICIPANT

There exists the possibility that health information may be discovered which may place both the participant the Mountain Fitness at risk should this condition go untreated. Therefore, the staff has the authority to terminate testing or exercise at any point until the participant is cleared by their doctor or other medical practitioner.

FITNESS ORIENTATION INFORMED CONSENT

PURPOSE AND EXPLANATION OF FITNESS ORIENTATION

Your wellness orientation will include a basic fitness assessment with optional flexibility, strength testing and body composition (skin fold) measurements. You may decline or stop any portion of the orientation at any time. We do not wish for you to ever exercise at a level which is not comfortable to you. Hydration is important. Also, please dress in comfortable clothing for your orientation: shorts, a short-sleeved shirt or tank top, and proper workout shoes are suggested.

RISKS AND DISCOMFORTS

There exists the possibility of certain physiological changes during the orientation. These occurrences are remote and very rare. They include:

- Abnormal Blood Pressure
- Faintness / Lightheaded
- Heart Rhythm Disorders
- In very rare instances, Heart Attack

Every effort will be made to minimize these occurrences by the preliminary screening and by observations taken during the orientation.

BENEFITS TO BE EXPECTED

The results obtained from the fitness orientation will assist in the selection of the types of activities you might engage in with little or no hazard. They will also serve as a guideline to measure your fitness progress.

FREEDOM OF CONSENT

I understand that there are risks (i.e. abnormal blood pressure, faintness, disorders of the heart rhythm, heart attack) that may be associated with these procedures and that participation in this orientation is voluntary. Further, I understand that I may stop this orientation at any time or choose not to participate in any segment of the orientation. I further agree if any risk factors are found as explained to me by the Test Administrator that I will seek competent medical clearance before participating in exercise. I acknowledge that I have read this document in its entirety and have had the opportunity to ask questions to those administering the orientation. I understand the content of this document and consent to participate in this fitness orientation.

Signature: _____ Date: _____
(Signed at time of orientation)

Parent Signature: _____ Date: _____
(If participant is under 18)

Witness: _____ Date: _____

AUTHORIZATION AGREEMENT

Electronic Funds Transfer (EFT)

- I hereby authorize **MOUNTAIN FITNESS CENTERS LLC.** to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error and credit and/or debit the same to such account, as indicated below:

(circle one) **My Checking Account** / **My Savings Account**

- Please debit my account on:

(circle one) **the 1st day of each month.** / **the 15th day of each month.**

Financial Institution Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Routing Number: _____ Account Number: _____

This authorization is to remain in full force until Mountain Fitness has received written notice from me(either of us) of its termination in such time and in such manner as to afford Mountain Fitness and your Financial Institution a reasonable time to act on it.

Name: _____ Date: _____

Signature: _____

All written credit authorizations should provide that the receiver may revoke the authorization by notifying the originator in the manner specified in the authorization.

Credit Card Authorization

I authorize the billing of monthly dues incurred by Mountain Fitness Center to the credit card listed below. I agree to all terms and conditions set forth by MOUNTAIN FITNESS CENTERS LLC. and understand that ALL SALES ARE FINAL. By signing this agreement I relinquish the right to dispute the charge. The card will be charged on the 1st of each month.

Type of Credit Card: (Circle one) **Visa** **MasterCard** **Discover**

Card Number: _____

Expiration Date: _____ Verification Code Number (crv): _____

Card Holder's Name as it Appears on the Credit Card: _____

Authorized Signature: _____

3 – Month Minimum

Mountain Fitness has a three month minimum membership requirement upon joining. After three months, the membership transfers to a month to month at which you may cancel at any time per our cancellation policy.

If you choose to drop your membership prior to 3 months, you will be responsible for full membership dues for the first three month period.

If you join mid month, your minimum membership will end at the end of the 2nd full month.

Example:

Join Feb 15 - Membership ends at the end of April

By signing below, you acknowledge that you understand this 3 month minimum agreement and you agree to pay membership dues for 3 months regardless of if you cancel early.

Member Signature

Date

Print Name