

MEMBERSHIP APPLICATION

Parking Badge #: _____ Staff: _____
Bar Code #: _____ Date Processed: _____



Carolina Regional Heart Center

THE FITNESS CENTER

PO Box HP-5
601 North Elm Street
High Point, NC 27261

(336) 878-6221
(336) 878-6026 (Fax)

Last Name		First Name		Initial	
Sex (M/F)	Birthdate	Mr., Mrs., Ms.	Mail to: Home/Bus.	Bill to: Home/Bus.	
Home Address			City	State	Zip
Business Name & Address			City	State	Zip
Home Telephone		Business Telephone		Marital Status (S, M, D, W, Partner)	
Emergency Contact				Telephone	
Email Address					

IF JOINING AS A FAMILY, PLEASE COMPLETE THE FOLLOWING

Name of Spouse or Partner		Birthdate	Sex
<i>Children 16 & over</i>			
Name		Birthdate	Sex
Name		Birthdate	Sex

<input type="radio"/> Standard	<input type="radio"/> Employee
<input type="radio"/> Pulmonary	<input type="radio"/> Cardiac
<input type="radio"/> Corporate	<input type="radio"/> Couple
Staff _____	

* Referral _____

AUTHORIZATION AGREEMENT

Please deduct from this account:

Monthly Bank Draft from _____ Checking (attach voided check) VISA MASTERCARD

Credit Card No.: _____ Exp. Date: _____

Pay Annual Dues (one free month) Enrollment Fee \$ _____

HPRHS Payroll Deduction Prorate Fee \$ _____

Scholarship Gift Certificate **Total** \$ _____

Make checks payable to **THE FITNESS CENTER.**

DRAFT INFORMATION

I hereby authorize The Fitness Center to deduct \$ _____ from my checking or savings account or charge my credit card on the twentieth (20th) day of each month starting _____. I have read and understand the conditions. I also understand the requirements of membership cancellation.

CONDITIONS

- CARDS - There will be a \$10.00 fee for lost parking badges. Cards are not transferable to another person. Card must be presented upon each visit to the facility.
- PARTICIPATION - I understand that the amount and extent to which I participate in exercise and activities within the premises is my responsibility. My failure to utilize The Fitness Center's facilities does not constitute grounds for a refund or cancellation. I am also responsible for acquiring medical clearance upon having a health change or new health event to return to the premises for exercise.
- FACILITY USAGE - Facility usage is limited to the type of membership designated. Facility use may be changed upon members request once per year at no charge to member. Additional charges apply for other facility usage.
- ADD ON RATES - I understand that an add-on rate is only valid if the primary member who is being added onto remains a member. Otherwise I will assume the primary membership rate.
- LATE OR RETURNED ITEM CHARGES - A \$10.00 late fee will be assessed to any member failing to make payments by the due date, and \$20.00 for a returned check or credit card draft as a result of insufficient funds, account closed or similar circumstance. Rejected electronic transactions may be periodically resubmitted for payment.
- AMENDING OF RULES - I understand that The Fitness Center reserves the right to amend or add to these conditions and to adopt new conditions as it may deem necessary for the proper management of the facility and the business.
- UNAVAILABILITY OF FACILITY OR SERVICES - I agree to accept the fact that a particular facility or service in the premises may be unavailable at any particular time due to mechanical breakdown, fire, act of God, condemnation, loss of lease, catastrophe or any other reason. Further, I agree not to hold The Fitness Center responsible or liable for such occurrences.
- HOURS OF OPERATION - Operation schedules may vary and are subject to change from time to time. The facility may be closed on Sunday, Holidays, and for a period covering the Christmas holidays. This information will be posted in the facility.
- PERSONAL TRAINING - Non-approved personal trainers are not allowed in any part of the facility due to The Fitness Center's interest in ensuring the accuracy of information relayed, as well as to reduce injury liability.
- DISCLAIMER OF IMPLIED WARRANTIES - I understand that The Fitness Center makes no guarantees, warranties or representations, written, or implied, regarding merchantability, fitness for a particular purpose or other wise, except those written herein or in writing signed by an officer of the corporation owning The Fitness Center.
- DAMAGE TO FACILITIES - I agree to pay for any damage I may cause The Fitness Center's facilities through my careless or negligent use thereof.
- RELEASE FROM LIABILITY - I agree and represent that all exercises, treatment and all use of all The Fitness Center facilities shall be undertaken at my own risk, that I am in good physical condition and physically able to undertake any and all physical exercises and treatments provided by The Fitness Center, and if I have a history of heart disease, I will consult a physician before joining. I also agree that the corporation which owns The Fitness Center and/or affiliated companies and/or their respective agents and employees, shall not be liable for any claims, demands, injuries, damages, actions or their respective agents and employees from all such claims, demands, injuries, damages, actions, or causes of action.
- LEGALLY BINDING AGREEMENT - I understand that this agreement is legally binding whether my use of the facility and its services is determined and paid for on a Bi-weekly, monthly, yearly, or individual visit basis.
- VERBAL AGREEMENTS - The Fitness Center does not honor any verbal agreements made at the facility or over the phone that are contrary to the terms and conditions contained herein.
- AN ACCOUNT MAY BE PLACED ON HOLD (Frozen) for medical purposes only. A written status change form must be completed with indicated medical condition.
- CANCELLATION must be in writing by the 1st of the month. Must state reasons why and all cards (i.e. parking card and Fitness Center card) must be turned in before membership is terminated. Account balance must be paid in full at cancellation.
- ANNUAL MEMBERSHIPS are non-refundable except for the following reasons, (relocation of more than a 30 mile radius to High Point Regional Health System, medical reasons verified with documentation from a physician).

** The Fitness Center reserves the right to utilize the facility for: special events, private parties, seminars, tournaments, or other activities it may deem desirable.

Signature(s): _____
Date: _____