



Membership Information



2812 W. 12th Avenue Emporia, KS 66801

(620) 342-2348

www.emporiafitness.com

Name: _____
Last First M.I. Preferred Name

Address: _____
Street City State Zip

Date of Birth: _____ Male Female

Phone Number: _____ E-mail: _____

Emergency Contact: _____ Phone: _____

FOR STAFF USE:

Barcode: _____ Date Joined: _____ Staff: _____

Membership Type:

- | | | | |
|---|------------------------------------|---------------------------------|---|
| <input type="checkbox"/> Single | <input type="checkbox"/> Couple | <input type="checkbox"/> Family | <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> Regular | <input type="checkbox"/> Student | <input type="checkbox"/> Senior | <input type="checkbox"/> Corporate |
| <input type="checkbox"/> Monthly | <input type="checkbox"/> Quarterly | <input type="checkbox"/> Yearly | <input type="checkbox"/> Summer Student |
| <input type="checkbox"/> Electronic Fund Transfer | | | |

Responsible Billing Party: Self Other, specify _____

Physical Therapy: Therapist _____ Length of Membership: _____

ID Verification:

- | | | |
|--|--------------------------------------|--------------------------------|
| <input type="checkbox"/> Drivers License | <input type="checkbox"/> Employee ID | <input type="checkbox"/> Other |
|--|--------------------------------------|--------------------------------|

Students:

- | | |
|---|---|
| <input type="checkbox"/> Student ID | <input type="checkbox"/> E-mail Address |
| <input type="checkbox"/> Orientation Completed/Paid | |

Regular physical activity is safe for most people, however, some individuals should check with their doctor before they start an exercise program. If you answer YES to any question below, you may need to consult your doctor before proceeding with any physical activity.

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have a heart condition? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you feel pain in your chest when you engage in physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever experienced a stroke? |
| <input type="checkbox"/> | <input type="checkbox"/> | Has your doctor ever told you that your blood pressure was too high? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you ever faint or have spells of severe dizziness? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have epilepsy? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had a history of respiratory or lung problems? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have diabetes? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have emphysema? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you pregnant? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you had surgery within the past 12 months? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you know of any other reason why you should not perform physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you currently taking any medication? Please list below if applicable: |
-
-

Waiver

As a member, I agree to abide by the rules of the fitness center and the use of the facilities, services, and programs shall be undertaken at my sole risk and Emporia Fitness shall not be responsible for any injuries or accidents occurring. If I am a medical risk and have not received medical clearance, I assume all responsibility. I agree that I am liable for any injuries or accidents occurred as a member. I have read, understood, and completed this waiver and questionnaire.

Signature:

Date:

Parent/Guardian Signature:

Date: