

FAIRVIEW FITNESS CENTER  
MEMBER JOINING PACKET

NAME: \_\_\_\_\_  
(FIRST) (LAST) (MIDDLE)

WHAT NAME DO YOU PREFER TO BE CALLED BY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

TELEPHONE: (H): \_\_\_\_\_ (C): \_\_\_\_\_

(W): \_\_\_\_\_ (EXT): \_\_\_\_\_ (IF APPLICABLE)

E-MAIL ADDRESS: \_\_\_\_\_

PREVIOUS FAIRVIEW FITNESS CENTER MEMBER:  No  Yes FROM \_\_\_\_\_ TO \_\_\_\_\_

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IN CASE OF EMERGENCY, CALL: \_\_\_\_\_ PHONE: \_\_\_\_\_

NEXT OF KIN: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_  
(NOT IN SAME HOUSEHOLD)

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YOUR PLACE OF EMPLOYMENT: \_\_\_\_\_

OCCUPATION/PROFESSION: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SEX:  Male /  Female SOCIAL SECURITY # \_\_\_\_\_

**DISCLAIMER:**

I have voluntarily enrolled at Fairview Fitness Center in either a structured exercise program or a program which permits self-guided recreational use of exercise facilities. I have completed with full honesty and accuracy a medical history questionnaire and accept this and additional entrance requirements, if any as constituting safe, prudent, and adequate screening provides no guarantee against occurrence of injury, illness, or death associated with, or concurrent with, exercise program and/or self guided recreational program, I agree to indemnify and hold harmless Fairview Fitness Center, their respective employees from any and all liability or claims or damages resulting from injury, illness, or death which may occur from, or arise out of participation in said exercise programs

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

WITNESS: \_\_\_\_\_

## PAR-Q & YOU

### (A Questionnaire for People Aged 15 to 69)

Regular physical activity is fun and healthy and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start 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 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years 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 question carefully and answer each one honestly. Check YES or NO.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. Has your doctor ever said that you have a heart condition <u>and</u> that you should only do physical activity recommended by a 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 when you were not doing physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	4. Do you lose your balance because of dizziness or do you ever lose consciousness?
<input type="checkbox"/>	<input type="checkbox"/>	5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by change in your physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	6. Is your doctor currently prescribing drugs (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 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 which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

#### NO to all questions

If you answered NO honestly to all PAR-Q 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 and 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. It is also highly recommended that you have your blood pressure evaluated. If your reading is 144/94, talk with your doctor before you start becoming much more physically active.

Informed Use of the PAR-Q. The Canadian Society of Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

#### DELAY BECOMING MUCH MORE ACTIVE:

- \* If you are not feeling well because of a temporary illness such as a cold or a fever-- wait until you feel better; or
- \* 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.

#### No changes permitted. You are encouraged to photocopy the PAR-Q but only if you use the entire form

NOTE: If the PAR-Q is being given to a person before he or she participates in physical activity program or a fitness appraisal, this section may be used for legal administrative purposes.

“I have read, understood and completed this questionnaire. Any questions I had were answered with full satisfaction.”

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE OF PARENT  
OR GUARDIAN \_\_\_\_\_

WITNESS: \_\_\_\_\_

(for participants under the age of majority)

Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.

## PAYMENT AGREEMENT

PAYMENT METHOD:

<input type="checkbox"/>	Bank Draft (complete Payment Authorization form: drafted on the 10 <sup>th</sup> )
<input type="checkbox"/>	Credit/Debit Card (complete Payment Authorization form: debited on the 15th)
<input type="checkbox"/>	Payroll Deduction (complete Payroll Deduction Form)

Industry: \_\_\_\_\_

<u>MEMBERSHIP CATEGORIES</u>	<u>JOINING FEE</u> (COVERS ASSESSMENT & ORIENTATION)	<u>MONTHLY DUES</u>
<b>Multiple family members joining at same time pay a group join fee of \$25</b>		
___ REGULAR MEMBERSHIP	\$25	<i>Credit/Debit Card</i> \$38
___ PLUS ONE FAMILY MEMBER*	\$25	<i>drafts are subject to a \$3</i> \$29
___ EACH ADDITIONAL FAMILY MEMBER*	\$25	<i>surcharge per month</i> \$12
<b>Multiple family members joining at same time pay a group join fee of \$25</b>		
___ DISCOUNTED RATE** (circle below)	\$25	<i>Credit/Debit Card drafts</i> \$35
___ PLUS ONE FAMILY MEMBER*	\$25	<i>are subject to a \$3</i> \$29
___ EACH ADDITIONAL FAMILY MEMBER*	\$25	<i>surcharge per month</i> \$12
*CARDIAC REHAB GRADUATE, PHYSICAL THERAPY TRANSFER, SENIOR CITIZEN (60 & OVER), PHYSICIAN, MILITARY, STUDENT (24 & UNDER) & INDUSTRY WITH PAYROLL DEDUCTION		
<b>Multiple family members joining at same time pay a group join fee of \$25</b>		
___ FAIRVIEW PARK HOSPITAL EMPLOYEE	\$25	<i>Credit/Debit Card</i> \$32
___ PLUS ONE FAMILY MEMBER*	\$25	<i>drafts are subject to a</i> \$26
___ EACH ADDITIONAL FAMILY MEMBER*	\$25	<i>\$3 surcharge per</i> \$10 <i>month</i>
___ ANNUAL PRE-PAID MEMBERSHIP***	\$0	\$420
___ PLUS ONE FAMILY MEMBER*	\$0	\$348
___ EACH ADDITIONAL FAMILY MEMBER*	\$0	\$144

\*ADDITIONAL FAMILY MEMBERS MUST BE IMMEDIATE FAMILY, RESIDING IN SAME HOUSEHOLD (IMMEDIATE FAMILY MEMBER IS DEFINED AS: SPOUSE & DEPENDENT CHILD UNDER 24 YEARS OF AGE)

\*\*\* ANNUAL PRE-PAYMENT MUST BE PAID IN FULL TO FAIRVIEW FITNESS CENTER BY CASH, CHECK OR CREDIT CARD/ DEBIT CARD.

Please note that although you are NOT under contract with our facility, you WILL BE BILLED MONTHLY WHETHER OR NOT YOU ARE ACTIVELY USING THE FACILITY, UNTIL YOU CANCEL YOUR MEMBERSHIP by completing a cancellation form for our record by the 5<sup>th</sup> of the month. Payment will be expected of any and all dues billed until written cancellation is received, Please see our staff for a cancellation form

\_\_\_\_\_  
Member's Name (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Staff Signature

**AUTHORIZATION FOR AUTOMATIC DUES PAYMENT**

I authorize Fairview Fitness Center to receive monthly dues payment by pre-authorized **bank draft on the 10<sup>th</sup>** of the month or **credit card/debit card on the 15<sup>th</sup>** of the month. I authorize my bank or credit card company to honor this payment method until revoked by me in writing. It is my understand that all monthly dues are my financial responsibility until such revocations have been received by Fairview Fitness Center.

\_\_\_\_\_  
Signature of Depositor/Card Holder

\_\_\_\_\_  
Date

**BANK DRAFT**

Bank Name: \_\_\_\_\_

Routing No: \_\_\_\_\_ Account No: \_\_\_\_\_

Name on Account: \_\_\_\_\_

**Payment with Debit/Credit card is subject to a \$3 surcharge per month**

**CREDIT/DEBIT CARD**

\_\_\_\_\_ MC \_\_\_\_\_ VISA \_\_\_\_\_ AMEX \_\_\_\_\_ DISCOVER

Credit Card No: \_\_\_\_\_

4- digit Security code (front of card for AMEX)

3- digit Security Code (on back of card): \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Address: \_\_\_\_\_  
Street(No P.O. Box) City/Town State Zip Code