

# FirstHealth Fitness

Welcome to our Center!

To help us provide you with better service, please complete this form and a Membership Representative will assist you.

## Personal Information

Mr. Ms. Mrs. Dr.	First	Middle	Last
Mailing Address:			
City:		State:	Zip:
Gender:	Male      Female	Date of Birth:	Age:

## Contact Information

Home Phone:	Work Phone:
E-Mail Address:	
How did you hear about us:	
Referred by:	Member      Non-Member

## Employment Information

Employer Name:
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### TERMS OF MEMBERSHIP/PARTICIPATION

FirstHealth Fitness offers general fitness memberships, programs, and activities. When you use FirstHealth Fitness facilities and exercise equipment or participate in a fitness program or activity, you do so at your own risk. We encourage you to talk to your doctor before becoming a member of or participating in any fitness programs at the Centers, particularly if you answer "yes" to one or more of the following questions:

- Yes     No      Has your health care provider ever said that you have a heart condition and that you should only do physical activity recommended by a health care provider?
- Yes     No      Do you feel pain in your chest when you do physical activity?
- Yes     No      In the past month, have you had chest pain when you were not doing physical activity?
- Yes     No      Do you lose your balance because of dizziness or do you ever lose consciousness?
- Yes     No      Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?
- Yes     No      Is your health care provider currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
- Yes     No      Do you know of any other reason why you should not do physical activity?  
If yes, explain: \_\_\_\_\_

If you would like for FirstHealth Fitness to have your doctor's name and contact information on file in the event of an emergency while you are using the Centers, please provide it below:

Physician Name (please print) \_\_\_\_\_

Physician telephone number \_\_\_\_\_ Fax number \_\_\_\_\_

FirstHealth Fitness abides by the same Notice of Privacy Practices that FirstHealth of the Carolinas and its health care service locations abide by. The Centers will treat the information that you provide to us in connection with your fitness membership or fitness participation confidentially in accordance with applicable law.

**By registering as a Center fitness member or participant, you also agree to the following:**

- I accept full responsibility for my use of any and all equipment, apparatuses, and appliances owned or operated by FirstHealth of the Carolinas at the FirstHealth Fitness centers and for my participation in all fitness programs and services offered at FirstHealth Fitness. I agree on behalf of myself and my heirs, executors, administrators and assignees to indemnify and hold FirstHealth of the Carolinas and its affiliates, trustees, directors, officers, employees, representatives, and agents, harmless from any and all loss, claim, injury, or liability arising from my participation in or use of FirstHealth Fitness programs, facilities, or services.
- It is my sole responsibility, regardless of my health status, to determine from my doctor whether I have any medical conditions that prohibit or limit my ability to exercise or that otherwise increase my risk of injury or death from exercising, using fitness equipment, or participating in any fitness program/service at FirstHealth Fitness. FirstHealth of the Carolinas and its affiliates do not assume any responsibility for my failure to consult with my doctor or for any adverse health consequences resulting therefrom.
- FirstHealth of the Carolinas does not assume any responsibility for securing or safekeeping my personal property while I am at FirstHealth Fitness. I agree to accept all responsibility for any loss or theft of, or damage to, my personal property while I am a participant at FirstHealth Fitness.

I affirm that I have read, understand and agree to the terms set forth above and I wish to exercise at FirstHealth Fitness, use their equipment, and/or participate in their programs/services subject to the above terms.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Parent/Guardian signature if applicant is under the age of 18)

**EMERGENCY CONTACT**

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Relationship \_\_\_\_\_

