

Fitness Center Member Sign Up Form

Please print and complete this form in block letters to register for your fitness center membership.

1. Personal Information

First Name:

Last Name:

Date of Birth (MM/DD/YYYY):

Gender (Male / Female / Other):

Phone Number:

Email Address:

Street Address:

City, State, Zip Code:

2. Emergency Contact Information

Emergency Contact Full Name:

Relationship to Member:

Emergency Phone Number:

3. Membership Details

Membership Plan (Monthly / Semi-Annual / Annual):

Desired Start Date (MM/DD/YYYY):

4. Health and Liability Agreement

Please list any pre-existing medical conditions or physical limitations, if any:

By signing below, you agree to follow all safety guidelines, rules, and regulations of the fitness center.

Member Signature:

Date Signed (MM/DD/YYYY):