



Membership Application

Name _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ Work (____) _____

DOB _____ Email _____

Emergency Contact _____ Phone (____) _____

Additional Family Members (Spouse/Partner and any children 18 or under)

1. _____ DOB _____ 4. _____ DOB _____

2. _____ DOB _____ 5. _____ DOB _____

3. _____ DOB _____ 6. _____ DOB _____

Included in Membership

Use of all equipment (16 years old and up only)
All classes-exercise, karate, yoga, etc.

Not Included in Membership

Personal training sessions
Massage Therapy/Bodywork

Liability Release and Consent Form

I agree to be a part of the Southwest Boulevard Family Fitness, the Fitness program of Family Health Care. I understand there are risks in any workout program. Risks may include achy joints and/or muscles, fast heart rate, trouble breathing, sweating or feeling faint. I am able and/or have my doctor's approval to be a part of this program. I will report any problems, such as chest pain. I am responsible to report any new medical conditions, injuries or surgeries that may affect my fitness routine. I may need a medical referral.

I will not hold Family Health Care or any employees liable for any injuries from my workouts. I will be responsible for any medical or other bills for injuries that may be caused by my workouts.

I have read this form and consent to be a part of the Fitness Center program. I understand that I can withdraw from the exercise program at any time.

Signature _____ Date _____

Parent or Legal Guardian _____ Date _____

Individual Membership

\$_____/mo

Family Membership

\$_____/mo (You, Spouse/
partner living with you, and your
children 18 and under living with
you)

Please Check if applicable:

I have limited income and
request a reduction of fees. *

Total income of household: (pick
one)

\$_____ per hour

\$_____ per week

\$_____ per month

\$_____ per year

Total number of people living in the
home:

_____ Adults _____ Children

List all sources of income in your
home:

Employment or self-employment

Unemployment

Social security

Child Support

Food Stamps

Pension

Other

*If requesting a reduction in fees,
please provide paycheck stubs, W2
forms or other appropriate
documents that will show proof of
income.