

Yates Cultural and Recreational Resources, Inc.
Fitness and Wellness Center
Membership Application Form

Date _____

Membership Number _____

Member Information

Name _____ Date of Birth _____

Address _____

Phone _____ Cell _____

Email _____

Emergency Contact Information

Name _____

Relationship _____

Phone (Day) _____

(Evening) _____

Address _____

Membership Fees

Make Checks payable to: Yates Community Center

One day \$5

One week \$15

One month \$25 (Couple \$45, Family \$55*)

Six Months \$120 (Couple \$190, Family \$290*)

One Year \$200 (Couple \$325, Family \$475*)

*** There will be an extra \$10 charge for each additional family member beyond four.**

Medical Questionnaire

1. Has your Doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
Y ___ N ___
2. Do you feel pain in your chest when you do physical activity?
Y ___ N ___
3. In the past month, have you had chest pain when you were not during physical activity?
Y ___ N ___
4. Do you lose your balance because of dizziness or do you ever lose consciousness?
Y ___ N ___
5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?
Y ___ N ___
6. Is your Doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
Y ___ N ___
7. Do you know of any other reason why you should not do physical activity?
Y ___ N ___

If you have answered YES to ANY of the Medical questions, you cannot use the Fitness and Wellness Center unless you have a Doctor's note stating that you can (Dr.'s Letterhead).

I have read, understood and completed the questionnaire. Any questions that I had were answered to my full satisfaction.

Name _____

Signature _____

Signature of Parent/ Guardian _____

Witness _____

Membership Release Statement (Please Read):

1. I have received and completed the Medical Questionnaire.
2. I agree to abide by the rules, regulations, and policies of the YCRR Fitness Center.
3. This membership entitles me entrance to the YCRR Fitness Center and use of its facilities. I understand that additional fees may be charged for certain programs and activities offered through the YCRR Fitness Center, including wellness/fitness testing and evaluation, classes (including aerobics), and organized activities.
4. I understand that I must show my Membership Card at the desk when entering the YCRR Fitness Center.
5. I understand that my membership cannot be extended due to sickness, traveling etc., is not transferable and not refundable.
6. My failure to oblige by the rules may result in loss of membership privileges.
7. I understand that the YCRR Fitness Center may occasionally be closed to members for maintenance and scheduled events. I further understand that no portion of my membership fee will be refunded, nor will a credit be given when maintenance or special events occur.
8. I understand the hours of operation are subject to change depending on volunteer availability.

I have read and accept the statement above.

Member Signature _____