

***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 Tuition

\$5.00 – One Day Pass

\$25.00 – One Month Membership

\$60.00 – Three Month Membership

\$200.00 – One Year Membership

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 is not transferable.
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 _____