



Putnam Health & Fitness Center
213 Perry Street
Pomona Park, FL 32181
386-649-8784
info@putnamhealthfitnesscenter.com

Application for Membership

Fitness Center Registration, Emergency Contact, Medical Information & Liability Release

PHOTO ID REQUIRED

| | | | | |
|-----------------------------|-------------------------------|-------------------|-------------------------------|----------|
| Name | Mr. First Name Mrs. Ms. | Middle Initial | Last Name | |
| Contact Info | Street Address | | | |
| | City | | State | Zip Code |
| | Home Phone Number | Cell Phone Number | E-Mail Address | |
| | Employer/ School | | | |
| Personal Information | Birth date | Sex | Pertinent Medical Information | |
| Emergency Contact | Name | Relationship | Cell Phone Number | |

To be completed by parent registering youth age 10 - 17

| | | | |
|--------------------|-------------------|-------------------|-------------------|
| Parent Info | Full Name | | Relationship |
| | Home Phone Number | Cell Phone Number | Work Phone Number |

| | |
|---|--|
| Do you work for or are you a member of ... | Circle one School Employee – First Responders – Veterans - Medical Personnel - Active Military Eagles – Moose - South Putnam Church - Training with a PHFC Personal Trainer |
| Membership Category | Student <input type="checkbox"/> Adult <input type="checkbox"/> Couple <input type="checkbox"/> Family <input type="checkbox"/> SilverSneakers <input type="checkbox"/> Corporate <input type="checkbox"/> _____ |

Family Members (For Family and Couple Memberships Only)

| | | | |
|------|------------|-----|------------------|
| Name | Birth date | Sex | Employer/ School |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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Putnam Health & Fitness Center

Membership Application

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Membership Agreement and Conditions of Membership

**Please read the following statements carefully. By signing this application, you agree to all
Terms, Conditions, and Policies of Putnam Health & Fitness Center**

Member Health: The Applicant(s) represents that he/she is in physically sound condition and understands that participation in aerobics and other exercise, weight training, and use of fitness equipment carries potential risk of injuries or illness. The applicant further understands that the Putnam Health & Fitness Center (PHFC) assumes no responsibility for any such injury or illness.

Member Conduct and Right to Use the Facility: Applicant(s) agrees to abide by all policies and procedures of the PHFC and understands that failure to act in accordance with these rules may result in expulsion from the PHFC and revocation of membership.

Property Loss: The Applicant(s) understands that the PHFC is not responsible for personal property lost, damaged or stolen while using PHFC facilities or participating in PHFC programs.

Photograph Permission: The Applicant(s) hereby given permission for the PHFC to use, without limitation or obligation, photographs or other media that may include the member's image or voice to promote or interpret PHFC programs.

Insurance: The Applicant(s) understands that the PHFC does not provide any accident or health insurance for its members or participants, and further understands that it is the applicant's responsibility to provide such coverage.

Term of Agreement: Memberships will automatically renew unless one of the following occurs: written request to terminate is received from the member, lack of payment by member, or PHFC terminates the membership.

Fees: The PHFC Board of Directors, at their discretion, may adjust the monthly membership rate applicable to my category of membership. I understand that I will receive at least 30-DAYS NOTICE of the change before a debit occurs at the new rate.

Payment: All membership fees and prepaid membership fees are NON-REFUNDABLE.

Hold Harmless Agreement: To the fullest extent allowed by law, I hold harmless and agree to indemnify PHFC, its officers, directors, staff, volunteers, employees, contractors and agents, from and against any present or future claim, cause of action, loss or liability for injury to person or property, which I/we may suffer or for which I/we may be liable to any other person, related to my/our participation in recreational activities at PHFC whatsoever, and regardless of fault.

Applicant Signature

Date

Parent/Guardian Signature

Date

Applicant Signature

Date

FOR OFFICE USE ONLY:

Initial Payment Received: \$ _____ (Circle One) VISA / MASTERCARD / DISCOVER / AMEX / CHECK / CASH / OTHER

Enrolled By: _____ DATE: _____

File Reviewed By: _____ Date: _____

Membership Type: _____

Tag #1 _____ Tag #2 _____ Tag #3 _____ Tag #4 _____