



Fitness Center Membership Application/Contract

Name: Last		First	MI	Soc. Sec. #
Birth Date: (mm/dd/yyyy)	Age:	Membership Type: <input type="checkbox"/> Adult (18 years and over) <input type="checkbox"/> Minor (14-17 with an adult) <input type="checkbox"/> Single Day Use		
Mailing Address:				Today's Date:
City:	State:	Zip Code:	Preferred Phone: ()	
Emergency Contact:		Relationship to member:	Emergency Contact Phone: ()	
Name of Primary Physician:			Physician Phone: ()	
How did you learn about the Fitness Center?				

Section 1. Membership Provisions

1. The classification of members, fee schedules, membership discipline, and all other questions relating shall be under the management control of Chugach Physical Therapy Fitness Center (CPTFC).
2. Membership will not be denied on the basis of gender, race, color, creed, religion, or national origin, nor shall any aspect of such matters be made a condition of membership.
3. Membership is predicated on the member's ability to safely and independently use the exercise equipment. Membership may be revoked at any such time a member demonstrates actions or behavior unsafe to self or other occupants of the facility.
4. Any reinstatement of membership, after revokement, based on an apparent safety or health risk, requires a physician examination and CPTFC management approval. Both management and the physician would need to clear the member for fitness and ability to safely and independently use the facility and equipment.
5. Minors from 14-17 years are eligible for Fitness Center Membership if accompanied by an adult family member who has a current Fitness Center membership.
6. Members should be mindful that therapists and their patients have priority use of the equipment and clinic space. The pool and some other areas of the clinic are not available for Fitness Center Membership use. CPTFC reserves the right to limit access as needed.
7. Hours of operation may vary. CPTFC reserves the right to change the hours and days of operation as deemed necessary.

Section 2. House Rules (Initial each after reading)

1. Members **MUST** provide a current COVID-19 Vaccination Record. A copy will be maintained on site. **MEMBER INITIALS** _____
2. Members **MUST** sign in daily at Fitness Center counter prior to using the facility or any equipment. **MEMBER INITIALS** _____
3. Members **MUST** wipe down & sanitize touched surfaces, replace used weights, and clean up after self. **MEMBER INITIALS** _____
4. Members must give written notice of any address change. All communications shall be presumed to have been received within five (5) days of mailing. **MEMBER INITIALS** _____
5. **MEMBERS ARE RESPONSIBLE FOR MONTHLY DUES WHETHER OR NOT THEY USE THE FACILITIES** (See section 3 for putting account on hold). Dues and initiation fee payments are not refundable. **MEMBER INITIALS** _____

6. Accounts due will be billed at the beginning of each month. Billing is based on a whole calendar month. Statements are due and payable upon receipt. **A member more than 60 days delinquent may be denied use of the facility and membership cancelled.** MEMBER INITIALS _____
7. CPTFC IS A NON-SMOKING FACILITY. Smoking and vaping will not be permitted inside the building or outside near the entrances. MEMBER INITIALS _____
8. Members use the CPTFC facilities at their own risk and must hold harmless Chugach Physical Therapy and Chugach Physical Therapy Fitness Center for any injury, damage to or loss of property. MEMBER INITIALS _____
9. Damage to CPTFC property shall be paid for by any member who willfully, neglectfully, or negligently causes such damage. Members are responsible for damage incurred by minors or guests they have sponsored into CPTFC. MEMBER INITIALS _____
10. All members are encouraged to have a physical examination, including an exercise stress test, to determine present health, before commencement of a new exercise program. MEMBER INITIALS _____
11. Any member may be expelled by CPTFC personnel for violation of any rule, regulation, or through conduct which is prejudicial to the welfare, good order and character of CPTFC, including harassment or abuse of any kind. MEMBER INITIALS _____

Section 3. Putting an Account on Hold or Termination of Membership. (Initial each after reading)

1. Membership may be put on hold by submitting a **30-day ADVANCE written request**. Membership holds are for whole months only, up to a **maximum of six (6) consecutive months**. Members will not be charged for the time their membership is on hold. Membership will automatically activate again at the end of the hold period and members are responsible for monthly dues whether or not they utilize the facility. MEMBER INITIALS _____
2. Membership may be terminated by submitting a **30-day ADVANCE written notice of resignation to CPTFC**. A resigning member is liable for all dues and other charges incurred through the effective date of resignation. (For example, a termination notice received on July 1, or later in the month, would require that the member be charged for the month of July.) MEMBER INITIALS _____
3. If member terminates membership and later decides to rejoin, payment of the initiation fee is required. MEMBER INITIALS _____

Section 4. Membership Agreement

In consideration of the terms and conditions set forth, the undersigned Member understands and agrees as follows:

1. I consider myself to have the physical and cognitive ability required to safely and independently use the CPTFC facility and equipment without harm or injury to myself or others.
2. I will be bound by the provisions and rules of CPTFC as outlined.
3. I will pay monthly dues and charges. The monthly dues shall be as indicated by CPTFC and are subject to change. **Please mark the box next to the membership option you choose:**

- | | | |
|--|------------------------|---------------|
| <input type="checkbox"/> Adult (18 years and up) | \$50.00 Initiation Fee | \$50.00/month |
| <input type="checkbox"/> Minor (14-17 years) | \$50.00 Initiation Fee | \$50.00/month |
| <input type="checkbox"/> Single Day Use | | \$5.00/day |

- **New member \$50 Initiation Fee WAIVED:**
 1. With the purchase of 6 or more month's membership.
 2. When transitioning as a Chugach Physical Therapy patient within 1 month of last treatment.
- **One month FREE with purchase and full payment of a 12-month membership (month 13 waived)**
(Discounts may not be combined with any other offers)

Member Signature: _____ Date: _____

Staff Member: _____ Date: _____