



## Membership Sign-Up Form

**INDIVIDUAL**  
GYM ONLY  
 \$59 /mth - Auto Pay  
 \$69 / mth - Manual Pay  
 add classes for \$10  
 add pool for \$20  
 (plus tax)

**POOL\***  
POOL ONLY  
 \$69 /mth - Auto Pay  
 \$79 /mth - Manual Pay  
 add gym for \$10  
 add classes for \$10  
 (plus tax)

**SENIOR (60+)**  
GYM ONLY  
 \$49 /mth - Auto Pay  
 \$59 /mth - Manual Pay  
 add classes for \$10  
 add pool for \$20  
 (plus tax)

**STUDENT**  
GYM ONLY  
 \$35 /mth - Auto Pay  
 \$45 /mth - Manual Pay  
 add classes for \$10  
 add pool for \$20  
 (plus tax)

**\*POOL AND CLASSES ARE AVAILABLE AT THE COLCHESTER FACILITY ONLY**

**REHAB MEMBERSHIP**  
GYM ONLY      POOL, GYM, CLASSES  
 \$39 / month      \$49 / month  
 (no tax) may pay by auto or manual pay  
 2 month maximum within 90 days of  
 last date of service. Regular mthly rates  
 apply thereafter. See back for details.

**Notes:**

**MEMBER NUMBER**

**FAMILY DISCOUNT:** 20% discount on monthly dues (must be living in the same household)

Name \_\_\_\_\_ DOB \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work / Cell \_\_\_\_\_

Email Address \_\_\_\_\_ Sign Up Date \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

I would like to receive monthly newsletters from the RehabGYM:  Yes  No

I \_\_\_\_\_, authorize the RehabGYM to post payment to my bank card, credit card or checking account as provided. Furthermore, I hereby agree to a minimum of 3 months membership (payment posted to my account) and understand that I may suspend or cancel my membership at any time after the 3 month period. I agree to provide the RehabGYM written notice of any such cancellation or suspension on or before the 15<sup>th</sup> of month (prior to bill collection on the 1<sup>st</sup> of the next month).

Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Starting: \_\_\_\_/1/2011 Monthly Payment Amount: \$ \_\_\_\_\_

**For Staff Use Only**

**REHAB MEMBERSHIP:** Eligible individuals include current RehabGYM patients or patients whom have been discharged from clinician care but wish to continue utilizing the facility to carry out their respective programs. The discounted Rehab Membership rate is offered for a maximum of two months and these two months of membership must be used within 90 days from the last date of service. Regular membership rates will apply thereafter. At the RehabGYM we are committed to your health!

**STUDENT MEMBERSHIP:** Eligible students include full time high school or college students with proper ID.

**SENIOR MEMBERSHIP:** Eligible individuals include those 60 years and older.

**FACILITY ETIQUETTE:** You must place all equipment neatly back in its designated location for all to use and remember, always leave the area neater than you found it! This etiquette policy will be strongly enforced as we remain steadfast in our commitment to a clean, neat and safe environment for all users to enjoy.

**ADMISSION:** After joining you will receive a membership card (either paper or plastic) that you must present or scan upon each and every visit to the facility. Please have your card ready to scan upon arrival! Cards will be issued at the RehabGYM on your first visit. If your card is lost there will be a \$5.00 replacement fee. Please keep abreast of all posted notices at check-in and on any facility bulletin boards.

**SUSPENSION OF MEMBERSHIP:** Members debiting by Auto Pay (electronic funds transfer) from a checking, savings or credit card account may cancel or suspend their monthly payments at any time. We do require written notice on or before the 15<sup>th</sup> of the month (in advance of bill collection on the 1st) to complete the requested change.

**CHANGING MEMBERSHIP TYPES:** Members may change their membership from one plan to another. Notice on or before the 15<sup>th</sup> of the month (in advance of bill collection on the 1<sup>st</sup>) is required for members on Auto Pay billing.

**TRANSFER OF CARD:** Memberships are non-transferable and non-refundable.

**LOCKER ROOM USE:** Locker room privileges are included with membership. Day use locker service is available at no additional charge.

**CHANGES IN FACILITY HOURS:** The RehabGYM will occasionally alter hours around Holidays and seasons these alterations will be posted at least 7 days in advance.

## Informed Consent Form

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Printed Name

Date

Date of Birth

I have read the policies above and in consideration of my desire to engage in an exercise program at the RehabGYM. I understand and agree to the following:

1. Participation by me in this activity is entirely voluntary and I hereby state that I am physically sound and that I have received medical approval to proceed with a normal routine of exercise. Limitations, if any, are noted here: \_\_\_\_\_.
2. I understand that the possibility exists that certain changes may occur during exercise. They may include muscular stains, sprains, and delayed onset muscle soreness, abnormal blood pressure, fainting, disturbances of heart rhythm, and very rare instances of heart attack.
3. I understand that I can minimize the risk of adverse changes occurring during exercise by adhering to the exercise guidelines which discuss the importance of warming up and cooling down, and exercising at a moderate level at least 3 times per week.
4. I understand that a program of regular exercise for the heart, lungs, muscles and joints, has many benefits associated with it. These may include a decrease in body fat, improvement in blood fats and blood pressure, improvement in physiological function, increased strength, decreased chance of injury and decrease in heart disease.
5. I, the undersigned, waive and release and agree to hold harmless and indemnify the RehabGYM, its employees, agents, officers and directors against any and all claims any way connected with my participation in an exercise program. This agreement is binding on my heirs, executors, administrators and assigns.

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Signature of Participant (or guardian if under 18)

Date

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Signature of Witness

Date