

The PIT Enrollment Form - Four Seasons Health Club

General Information:

Name _____ M F Today's Date: ____/____/____
(first) (last) Program Start Date: ____/____/____
Address _____ Date of Birth ____/____/____
City, State, Zip _____ Home Phone (____)____-____
E-mail Address _____ Cell Phone (____)____-____
(your e-mail address will not be used or distributed for purposes other than Four Seasons related business)
Employer _____ Emergency # (____)____-____
Do you have a general Four Seasons Membership? ____ No ____ Yes Membership # ____-____-____
Please name other gyms you currently belong: _____

FOUR SEASONS ASSOCIATION

RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

I acknowledge that all fitness, athletic, and recreational activities offered by the Four Seasons Association and in which I may participate while a member of the Four Seasons Association including the use of machinery, equipment, and apparatus associated with such fitness, athletic, and recreational activities shall be at my sole risk. I understand and am aware that all fitness, athletic, and recreational activities offered by Four Seasons Association, including the use of machinery, equipment, and apparatus associated with such fitness, athletic, and recreational activities, are potentially hazardous activities which involve the risk of injury, including disability and even death. I am voluntarily participating in these fitness, athletic, and recreational activities and am using the machinery, equipment, and apparatus associated with them with full knowledge of the hazards involved. I hereby agree to expressly assume and accept any and all risks of injury and death which may occur as a result of my participation at the Association's facilities. I also acknowledge that I have been informed of the need for physician's approval for my participation in any fitness, athletic, or recreational activity or use of machinery, equipment, or apparatus at Four Seasons Association.

In consideration of becoming a member of Four Seasons Association and being allowed to participate in the activities of the Association and to use its facilities and equipment, I waive, release and forever discharge the Association and its officers, agents, employees, representatives, and all others from any and all responsibilities or liability for any claims, demands, injuries, damages or actions arising due to injury to my person or property arising out of or in connection with the use by me of the services and facilities of the Association or the premises where the same is located. I hold the Association, its employees and agents, harmless from all claims which may be brought against them by me or by anyone on my behalf for any such injuries or claims as referenced hereinbefore.

Membership Eligibility Considerations: Due to the large number of children participating in Four Seasons' programs, it is the Association's policy to deny or to terminate membership to any individual convicted of sex offenses or violent crimes. Membership denial or termination will be handled at the sole discretion of the Board and Management, in the best interest of the club and its members.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name (print) _____ Signature _____ Date _____

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE (under 18 at time of registration):

I, as parent/guardian with legal responsibility for the minor participant(s) named herein, do consent and agree to his/her release of Four Seasons Association, its officers, agents and employees and all others and, for myself, assigns and next of kin, I release and agree to indemnify and hold harmless the Association, its officers, agents, and employees from any and all liabilities incident to said minor participant's involvement or participation in the Association's facilities, equipment, apparatus, programs, fitness, athletic, and recreational activities.

Parent/Guardian (print): _____ Relationship to minor: _____

Parent/Guardian Signature _____ Date _____

Participant's Name: _____

PIT Registration: Payment Information & Terms

PAYMENT INFORMATION for INITIAL PROGRAM (monthly) & SESSIONS

_____ **CREDIT CARD:** Amount \$ _____

VISA /MC / Disc # _____

Expiration _____ / _____
Month/Year

_____ **CASH/CHECK:** Amount \$ _____ Check # _____

ON-GOING PROGRAM PAYMENT INFORMATION MONTHLY ELECTRONIC FUNDS TRANSFER (Adult Performance & PIT Kids only)

I hereby request and authorize Four Seasons Association to charge to my account deductions drawn on my account and payable to Four Seasons Association for on-going monthly PIT membership. Such deductions shall be **in the amount of \$ _____ per month beginning the 25th of _____ (month/year)**, subject to periodic increases in PIT dues amounts, as first announced to members. PIT ongoing monthly fees deducted are for the next month's enrollment. If any such deductions are rejected, I acknowledge my responsibility for payment of outstanding dues in full, plus stated penalties (\$25). If this occurs, the PIT membership will be suspended until the account is paid up and current. Monthly deductions are continuous until terminated by the PIT member. PIT members who wish to cancel this authorization and terminate their membership must properly process a termination request to Four Seasons by the 15th of the month. Four Seasons Association has the right to revoke PIT memberships.

Please deduct the said amount on the established date on a monthly regular basis from the following source (select one):

_____ **EFT billing information is the same as Initial Payment information above.**

_____ **OTHER CREDIT CARD / DEBIT CARD**

Name on Card: _____

Card #: _____

Expiration _____ / _____
Month/Year

I agree to abide by the terms listed above for payment of my PIT membership dues. I understand that there are no refunds of the Initial Program fees. My PIT on-going monthly EFT fees will continue until the Four Seasons Association is notified directly by the member by the 15th of the month. All PIT monthly/ongoing memberships (Adult Performance & PIT Kids) terminate at the end of the month.

PIT MEMBER SIGNATURE: _____

Date: _____ / _____ / _____

Signature of Parent/Guardian if under 18: _____

Participant's Name: _____

PIT Performance Training Center

March 3rd – June 6th, 2014 (13 weeks)

No classes for Sports Performance: 3/24-3/29 Spring Break, 5/24-5/26 Memorial Day

Schedule/Pricing Options: Four Seasons Member

Time Slot Choice

Program	Cost	Days	Class Length	Time Slots	1st	2nd	3rd
Adult Performance: 3 Days/wk First 2 Months On-going (monthly)	\$260 \$130/mth	M/W/F	60 min.	AM: 5:15, 5:30, 6:15, 9:00, 9:15 PM: 5:00, 5:15			
Adult Performance: 3 Days/wk First 2 Months On-going (monthly)	\$260 \$130/mth	T/Th/Sa	60 min.	AM: 5:15, 5:30, 6:15, 9:00 PM: 5:00, 6:00 SAT: 8:30am			
Adult Performance: 2 Days/wk First 2 Months On-going (monthly)	\$200 \$100/mth	M/W	60 min.	AM: 5:15, 5:30, 6:15, 9:00, 9:15 PM: 5:00, 5:15			
Adult Performance: 2 Days/wk First 2 Months On-going (monthly)	\$200 \$100/mth	T/Th	60 min.	AM: 5:15, 5:30, 6:15, 9:00, PM: 6:00			
Youth Sports Performance: 3 Days/wk Ages 10-13 Spring Session	\$460	M/W/F	60 min.	PM: 4:15, 6:15			n/a
Youth Sports Performance: 3 days/wk Ages 10-13 Spring Session	\$460	T/Th/Sa	60 min.	PM: 4:15 SAT: 9:30am	n/a	n/a	n/a
Youth Sports Performance: 2 days/wk Ages 10-13 Spring Session	\$325	M/W	60 min.	PM: 4:15, 6:15			n/a
Youth Sports Performance: 2 days/wk Ages 10-13 Spring Session	\$325	T/Th	60 min.	PM: 4:15	n/a	n/a	n/a
Athletic Sports Performance: 3 days/wk Age 14+ Spring Session	\$635	M/W/F	90 min.	PM: 4:00, 6:00			n/a
Athletic Sports Performance: 3 days/wk Age 14+ Spring Session	\$635	T/Th/Sa	90 min.	PM: 4:30, 5:45 SAT: 9:30am			n/a
Athletic Sports Performance: 2 days/wk Age 14+ Spring Session	\$425	M/W	90 min.	PM: 4:30, 6:00			n/a
Athletic Sports Performance: 2 days/wk Age 14+ Spring Session	\$425	T/Th	90 min.	PM: 4:30, 5:45			n/a
PIT Kids:-General Fitness: 1 day/wk Age 4-9 First 2 Months On-going (monthly)	\$50 \$25/mth	Sa	45 min.	SAT: 11:00am	n/a	n/a	n/a

Participant's Name: _____

PIT Performance Training Center

March 3rd – June 6th, 2014

No classes for Sports Performance: 3/24-3/29 Spring Break, 5/24-5/26 Memorial Day

Schedule/Pricing Options: Non-Four Seasons Member

Time Slot Choice

Program	Cost	Days	Class Length	Time Slots	1st	2nd	3rd
Adult Performance: 3 Days/wk First 2 Months On-going (monthly)	\$340 \$170/mth	M/W/F	60 min.	AM: 5:15, 5:30, 6:15, 9:00, 9:15 PM: 5:00, 5:15			
Adult Performance: 3 Days/wk First 2 Months On-going (monthly)	\$340 \$170/mth	T/Th/Sa	60 min.	AM: 5:15, 5:30, 6:15, 9:00, PM: 5:00, 6:00 SAT: 8:30am			
Adult Performance: 2 Days/wk First 2 Months On-going (monthly)	\$260 \$130/mth	M/W	60 min.	AM: 5:15, 5:30, 6:15, 9:00, 9:15 PM: 5:00, 5:15			
Adult Performance: 2 Days/wk First 2 Months On-going (monthly)	\$260 \$130/mth	T/Th	60 min.	AM: 5:15, 5:30, 6:15, 9:00 PM: 6:00			
Youth Sports Performance: 3 Days/wk Ages 10-13 Spring Session	\$545	M/W/F	60 min.	PM: 4:15, 6:15			n/a
Youth Sports Performance: 3 days/wk Ages 10-13 Spring Session	\$545	T/Th/Sa	60 min.	PM: 4:15 SAT: 9:30am	n/a	n/a	n/a
Youth Sports Performance: 2 days/wk Ages 10-13 Spring Session	\$430	M/W	60 min.	PM: 4:15, 6:15			n/a
Youth Sports Performance: 2 days/wk Ages 10-13 Spring Session	\$430	T/Th	60 min.	PM: 4:15	n/a	n/a	n/a
Athletic Sports Performance: 3 days/wk Age 14+ Spring Session	\$810	M/W/F	90 min.	PM: 4:00, 6:00			n/a
Athletic Sports Performance: 3 days/wk Age 14+ Spring Session	\$810	T/Th/Sa	90 min.	PM: 4:30, 5:45 SAT: 9:30am			n/a
Athletic Sports Performance: 2 days/wk Age 14+ Spring Session	\$495	M/W	90 min.	PM: 4:30, 6:00			n/a
Athletic Sports Performance: 2 days/wk Age 14+ Spring Session	\$495	T/Th	90 min.	PM: 4:30, 5:45			n/a
PIT Kids:-General Fitness: 1 day/wk Age 4-9 First 2 Months On-going (monthly)	\$ 70 \$35/mth	Sa	45 min.	SAT: 11:00am	n/a	n/a	n/a



The PIT Check-List

(Staff Use Only – keep with enrollment papers)

Participant Name: _____
(print)

Membership #: _____ - _____ - _____
(if current member)

Program Type: _____ Adult Performance
(check one) _____ Athletic Sports Performance

_____ Youth Sports Performance
_____ PIT Kids

Enrollment Category: _____ On-going Monthly

_____ Session (Youth/Athletic Sports Performance only)

FRONT DESK STAFF:

Look over the paperwork and check if the following has been completed:

- _____ All fields in the General Information box are completed
- _____ Release of Liability is signed, including Guardian Signature if needed
- _____ Preferred class times are selected on schedule sheet
- _____ HHQ is completed or is at least attached to packet with notes.
- _____ All fields on Payment Form are completed.

**Accept the packet for processing ONLY if ALL of the items above are checked.
Keep papers attached and place in locked Membership Box.**

Packet Accepted By (staff) : _____ Date Received: _____ / _____ / _____
(print first & last name)

MEMBERSHIP DEPARTMENT

Removed from Membership Box by (staff): _____ Date: _____ / _____ / _____
(print first & last name)

_____ (initials): The following has been given to the Fitness Manager on _____ / _____ / _____

_____ Copy of General Information / Liability Page

_____ Copy of the Schedule _____ HHQ

_____ Initial Payment applied: \$ _____ / _____ / _____ by: _____

_____ Monthly Payment applied: \$ _____ / _____ / _____ by: _____

_____ Monthly Payment applied: \$ _____ / _____ / _____ by: _____

_____ Monthly Payment applied: \$ _____ / _____ / _____ by: _____

Additional Staff Notes



Four Seasons Association Health History Questionnaire

Please complete as thoroughly as possible. We strongly encourage completing the form in the club so staff is available for questions. Depending on risk factors checked on this questionnaire, guidelines from the American Heart Association and American College of Sports Medicine may recommend physician clearance prior to exercise.

Personal Information

Name: _____

Today's Date: ____/____/____

Membership #: _____ - _____ - _____

Date of Birth: ____/____/____

Age: _____

Day Phone: _____

Evening Phone: _____

Physician Information

Physician: _____

Office: _____

Fax Number: _____

Section 1

Please check all that apply to you.

- | | |
|--|--|
| <input type="checkbox"/> Heart attack | <input type="checkbox"/> Chest Discomfort with exertion |
| <input type="checkbox"/> Heart surgery | <input type="checkbox"/> Experience unreasonable breathlessness |
| <input type="checkbox"/> Cardiac Catheterization | <input type="checkbox"/> Experience dizziness, fainting, blackouts |
| <input type="checkbox"/> Coronary Angioplasty | <input type="checkbox"/> Take heart medications |
| <input type="checkbox"/> Pacemaker/Implantable Defibrillator | <input type="checkbox"/> Currently pregnant |
| <input type="checkbox"/> Heart Valve Disease | <input type="checkbox"/> Musculoskeletal problems |
| <input type="checkbox"/> Heart Transplantation | <input type="checkbox"/> Chronic Obstructive Pulmonary Disease |
| <input type="checkbox"/> Congenital Heart Disease | <input type="checkbox"/> NOTHING IN SECTION 1 APPLIES |

*Note: If you checked **one** or more statement(s) in Section 1, it is required that Four Seasons obtain clearance from your healthcare provider before engaging in a supervised exercise program. You may exercise on your own.*

Section 2

Please check all that apply to you.

- | | |
|---|---|
| <input type="checkbox"/> Male older than 45 years | <input type="checkbox"/> Cholesterol greater than 240 mg/dL |
| <input type="checkbox"/> Female older than 55 years or had a hysterectomy or postmenopausal | <input type="checkbox"/> Don't know your total cholesterol |
| <input type="checkbox"/> Current smoker | <input type="checkbox"/> Your brother/father had a heart attack or stroke before age 55 and/or sister/mother had a heart attack before age 65 |
| <input type="checkbox"/> Blood pressure greater than 140/90 | <input type="checkbox"/> Diagnosed with diabetes or take medicine to control your blood sugar |
| <input type="checkbox"/> Don't know your blood pressure | <input type="checkbox"/> Currently 20 pounds overweight |
| <input type="checkbox"/> Currently on blood pressure medication | <input type="checkbox"/> NOTHING IN SECTION 2 APPLIES |
| <input type="checkbox"/> Currently inactive (less than 30 Minutes at least 3 days/week) | |

*Note: If you checked **two** or more statements in Section 2, it is required that Four Seasons obtain clearance from your healthcare provider before engaging in a supervised exercise program. You may exercise on your own.*

Section 3

Please check all that apply to you.

- ☐ Anemia
- ☐ Bleeding Disorder
- ☐ Cancer
- ☐ Carpel Tunnel
- ☐ Cerebral Palsy
- ☐ Chronic Fatigue Syndrome
- ☐ Clotting Disorder
- ☐ Crohn's Disease
- ☐ Depression
- ☐ Eating Disorder
- ☐ Epilepsy
- ☐ Fibromyalgia
- ☐ Headaches/Migraines
- ☐ Heartburn
- ☐ Hepatitis
- ☐ HIV/Acquired Immune Deficiency Syndrome
- ☐ Irritable Bowel
- ☐ Joint Problems
- ☐ Kidney Stones
- ☐ Lymphedema
- ☐ Multiple Sclerosis
- ☐ Osteoarthritis
- ☐ Osteoporosis/Osteopenia
- ☐ Pulmonary Hypertension
- ☐ Rheumatoid Arthritis
- ☐ Sinusitis
- ☐ Systemic Lupus Erythematosus
- ☐ Thyroid Disorder
- ☐ Ulcerative Colitis
- ☐ Ulcers
- ☐ Other: _____

Section 4

Please check all that apply to your personal goals:

- ☐ Lose Weight, # of pounds _____
- ☐ Gain Weight, # of pounds _____
- ☐ Improve Flexibility
- ☐ Increase Tone of Muscles
- ☐ Increase Strength/Power
- ☐ Increase Muscular Size
- ☐ Improve Cardiovascular Ability
- ☐ Train for an event, _____
- ☐ Improve BP, Cholesterol, and/or Blood Glucose Levels
- ☐ Physician Recommended
- ☐ Improve Overall Health
- ☐ Decrease Stress
- ☐ Feel Better / Improve Energy
- ☐ Other: _____

Section 5

Please list all prescribed or over the counter medications, herbs or supplements that you are currently taking including dosage and frequency.

Section 6

Current Height _____ feet _____ inches

Current Weight _____ pounds

Record numbers below if known:

Blood Pressure _____ / _____

Resting Heart Rate _____

Total Cholesterol _____

Staff Notes:

Date Received: _____ / _____ / _____

Received by (staff): _____

Scanned into member account? ____Y ____N

Dave Received Physician Clearance
(if needed): _____ / _____ / _____