

I prefer to be billed:

- Monthly by EFT
 Monthly by Mail
(Please select one)



116 E. Gonzales
P.O. Box 307
Yoakum, TX 77995
(361) 293-9593

Membership Application

Name _____ Sex: Male Female

First Last

Date _____ Date of Birth _____

Address _____

Street/Apt. # City State Zip

Home # _____ E-Mail address _____

Work # _____ Employer _____

Driver's License # _____ Physician Name _____

Emergency Contact _____

Name Phone #

Referred By: _____

Membership Type...list members that you are joining with in the blanks provided

- Individual**
- Family**...must have at least 1 other family member _____
- Group**...must have at least 2 other group members _____
- Senior**
- Student**

I acknowledge that there are certain risks that may lead to prolonged serious illness or even death when participating in an exercise program. I understand that Yoakum Shape Shop, Inc. its owners, management and employees are not responsible for damages resulting from any and all accidents, injuries or illness arising from Member's participation in Yoakum Shape Shop's exercise program. This includes all consequential and incidental damages, except those resulting from the negligence of Yoakum Shape Shop, Inc. or its employees. I further acknowledge that I am not aware of any medical or physical condition that would prevent me from participating in an exercise program.

I have read and understand the Yoakum Shape Shop, Inc. "Rules and Regulations" form and acknowledge that violating those "Rules" or practicing any unethical or illegal behavior will be grounds for immediate termination of membership.

I understand that 30 days written notice is required to cancel my membership. I understand that a Gym Enhancement Fee will be charged annually in February.

I have read and completed the PAR-Q on page 3. Any questions I had were answered to my full satisfaction.

REFUND AND CANCELLATION NOTICE

- 1. Notice to purchaser: Do not sign this contract until you read it or if it contains blank spaces.**

- 2. If you decide you do not wish to remain a member of this health spa, you may cancel this contract by mailing the health spa by midnight of the third business day after the day you sign this contract a notice stating your desire to cancel this contract. The written notice must be mailed by certified mail to the following address: PO Box 307, Yoakum, TX 77995.**

- 3. If the health spa goes out of business and does not provide facilities within 10 miles of the facility in which you are enrolled or if the health spa moves more than 10 miles from the facility in which you are enrolled, you may:**

Cancel this contract by mailing by certified mail a written notice stating your desire to cancel this contract, accompanied by proof of payment on the contract to the health spa at the following address: P.O. Box 307, Yoakum, TX 77995.

- 4. If you die or become totally and permanently disabled after the date this contract takes effect, you or your estate may cancel this contract and receive a partial refund of your unused membership fee by mailing a notice to the health spa stating your desire to cancel this contract. The health spa may require proof of disability or death. The written notice must be mailed by certified mail to the following address: P.O. Box 307, Yoakum, TX 77995.**

Signature _____ Date _____

Printed Name _____

PAR-Q (Physical Activity Readiness Questionnaire)

If you are planning on becoming more physically active than you are now, please answer the ten questions listed below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before starting an exercise program. If you are over 69 years of age, and have not been physically active, please check with your doctor before starting an exercise program.

Please read the following questions and check YES or NO.

YES NO

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Have you ever been told by a doctor that you have a heart condition and that you should only do physical activity recommended by a doctor? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Do you feel pain in your chest when doing physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Do you have a history of high blood pressure? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Do you lose your balance due to dizziness or have you ever lost consciousness? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Do you have a joint or bone problem that could worsen from a change in your physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Are you currently pregnant? If not, and you become pregnant please consult your doctor before continuing your exercise program. |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Have you ever been diagnosed with diabetes? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Are you currently taking medication for diabetes? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Have you ever had a seizure? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Is your doctor currently prescribing drugs (for example, water pills) for your blood or heart condition? |

If you answered YES to ONE OR MORE questions talk with your doctor BEFORE becoming more physically active. Discuss the questions that you answered YES to on this PAR-Q with your doctor. If you answered NO to ALL questions you should be able to become more physically active. We recommend that you begin your physical activity slowly and gradually build up to your goal.

PLEASE NOTE: If your health changes so that you would answer YES to any of the above questions, please inform us. A new medical release may be required from your doctor to ensure your safety.