



NEW FITNESS MEMBER REGISTRATION

Name (Print): _____
First MI Last

Date of Birth: _____ Age: _____
MM/DD/YYYY

Address: _____
Street City State Zip

Phone Number: _____ Email: _____

Physician: _____ Height: _____ Weight: _____ Gender: Male/Female

Emergency Contact: _____

Is there anything regarding your health that Optimum Therapies Bloomer & Fitness Center should be aware of? _____

Do you have pain or an injury you would like to speak with a Physical Therapist about? Y/N

POLICIES, PROCEDURES & GUIDELINES

1. Fitness Center Members must be over 12 years of age.
2. There is a 30-minute limit on cardiovascular equipment when someone is waiting. Allow others to work in between sets.
3. Proper attire, including shirts, must be worn at all times. **Separate, clean, non-marking gym shoes are required.** Please do not wear shoes worn outdoors that could carry in dirt and salt.
4. Spotters are recommended in the free weight area. Please return free weights and dumb bells to rack after use.
5. All beverages must be contained in a covered sport bottle only.
6. Please clean off machines after use.
7. Cursing and foul language will not be tolerated. You may be asked to leave, or if the problem persists, lose your membership.
8. Do not bring valuables into the center. We will not be responsible for lost or stolen articles.
9. In order to accommodate the needs of all patrons, the radio station will be programmed for "middle of the road" music. If your taste tends to run to the extreme end of the spectrum, please feel free to bring your own headsets while working out. Volume levels will be kept quieter during business hours.
10. Any misuse of equipment, abuse of premises, vandalism or loitering will **NOT** be tolerated. Any inappropriate actions will result in immediate termination of membership with no refunds or relief of prior payments.
11. No children 11 years old or under are permitted in the Fitness Center waiting area or designated Fitness Center areas/rooms.

_____ By initialing, I acknowledge that I have read, understand, and agree to comply with the
Initial policies, procedures, and guidelines.

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NEW MEMBER AGREEMENT

1. I understand that by joining Optimum Therapies Bloomer, LLC and its Fitness Center (“OTB”) and/or Bloomer Area Aquatic & Recreation Center (“BAARC”) to use its facilities and participate in its programs, I do hereby waive, release, and forever discharge OTB and/or BAARC and its officers, employees, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities at said facility. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by negligent act of omission of any of those mentioned or others acting on their behalf connected with my participation in any activities or equipment use at OTB and/or BAARC.
2. I understand and am aware that strength and aerobic exercise, including the use of equipment, is a potentially hazardous activity. I also understand that fitness activities involve risk of injury and even death and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.
3. I hereby declare myself to be physically sound and suffering no condition, impairment, disease, infirmity, or other illness that would prevent my participation in any of the activities and programs of OTB and/or BAARC or use of the equipment or machinery except as hereinafter stated. I do hereby acknowledge that I have been informed of the need for a physician’s approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to a physical activity, exercise, and use of exercise equipment so that I might gain recommendations concerning fitness activities and equipment use. I acknowledge that I have either had a physical examination and have been given physician’s permission to participate, or that I have decided to participate in activity and/or use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation in activities and use of equipment at OTB and/or BAARC

I have read the Policies, Procedures, and Guidelines and New Member Agreement for OTB and/or BAARC and agree to abide by them.

Signature

Date

Guardian Signature if under 18 years of age

Date

12 Month Memberships (requires full amount prepay or ACH)

Membership Type	Pool Only	Fitness Center Only	Fitness Center & Pool
Single	<input type="checkbox"/> \$30/mo (\$360)	<input type="checkbox"/> \$35/mo (\$420)	<input type="checkbox"/> \$50/mo (\$600)
Single +1**	<input type="checkbox"/> \$40/mo (\$480)	<input type="checkbox"/> \$45/mo (\$540)	<input type="checkbox"/> \$70/mo (\$840)
Family** (3 Or More Members)	<input type="checkbox"/> \$45/mo (\$540)	<input type="checkbox"/> \$55/mo (\$660)	<input type="checkbox"/> \$80/mo (\$960)
Senior Citizen* (Single)	<input type="checkbox"/> \$25/mo (\$300)	<input type="checkbox"/> \$25/mo (\$300)	<input type="checkbox"/> \$40/mo (\$480)
Senior Citizen* (Single +1**)	<input type="checkbox"/> \$35/mo (\$420)	<input type="checkbox"/> \$35/mo (\$420)	<input type="checkbox"/> \$60/mo (\$720)
Student (Must show student I.D.)	<input type="checkbox"/> \$25/mo (\$300)	<input type="checkbox"/> \$25/mo (\$300)	<input type="checkbox"/> \$40/mo (\$480)

6 Month Memberships (requires full amount prepay or ACH)

Membership Type	Pool Only	Fitness Center Only	Fitness Center & Pool
Single	<input type="checkbox"/> \$45/mo (\$270)	<input type="checkbox"/> \$45/mo (\$270)	<input type="checkbox"/> \$80/mo (\$480)
Single +1**	<input type="checkbox"/> \$60/mo (\$360)	<input type="checkbox"/> \$60/mo (\$360)	<input type="checkbox"/> \$90/mo (\$540)
Family** (3 Or More Members)	<input type="checkbox"/> \$65/mo (\$390)	<input type="checkbox"/> \$65/mo (\$390)	<input type="checkbox"/> \$100/mo (\$600)
Senior Citizen* (Single)	<input type="checkbox"/> \$40/mo (\$240)	<input type="checkbox"/> \$40/mo (\$240)	<input type="checkbox"/> \$70/mo (\$420)
Senior Citizen* (Single +1**)	<input type="checkbox"/> \$50/mo (\$300)	<input type="checkbox"/> \$50/mo (\$300)	<input type="checkbox"/> \$80/mo (\$480)
Student (Must show student I.D.)	<input type="checkbox"/> \$30/mo (\$180)	<input type="checkbox"/> \$30/mo (\$180)	<input type="checkbox"/> \$50/mo (\$300)

3 Month Memberships (requires full amount prepay or ACH)

Membership Type	Pool Only	Fitness Center Only	Fitness Center & Pool
Single	<input type="checkbox"/> \$55/mo (\$165)	<input type="checkbox"/> \$55/mo (\$165)	<input type="checkbox"/> \$90/mo (\$270)
Single +1**	<input type="checkbox"/> \$70/mo (\$210)	<input type="checkbox"/> \$70/mo (\$210)	<input type="checkbox"/> \$120/mo (\$360)
Family** (3 Or More Members)	<input type="checkbox"/> \$75/mo (\$225)	<input type="checkbox"/> \$75/mo (\$225)	<input type="checkbox"/> \$130/mo (\$390)
Senior Citizen* (Single)	<input type="checkbox"/> \$50/mo (\$150)	<input type="checkbox"/> \$50/mo (\$150)	<input type="checkbox"/> \$90/mo (\$270)
Senior Citizen* (Single +1**)	<input type="checkbox"/> \$60/mo (\$180)	<input type="checkbox"/> \$60/mo (\$130)	<input type="checkbox"/> \$100/mo (\$300)
Student (Must show student I.D.)	<input type="checkbox"/> \$30/mo (\$90)	<input type="checkbox"/> \$30/mo (\$90)	<input type="checkbox"/> \$50/mo (\$150)

1 Month Student Memberships

Membership Type	Pool Only	Fitness Center Only	Fitness Center & Pool
Student (Must show student I.D.)	Not Available	<input type="checkbox"/> \$35/mo	Not Available

* Senior Citizen = 65 yrs. & older

** Must be a spouse or an immediate family member 18 yrs. and under (Members that are 19 yrs. & older require their own membership)

Total Membership Costs

Item	Qty	Amount	Total
New Member Fee (Not applicable to students) • Includes Fitness Center 24/7 Access Key (limited to 2 cards per family)		\$25	\$ _____ (\$50 max for Family)
Additional Access Key(s)		\$6	\$ _____
Prorate ACH Amount			\$ _____
Membership Type: <input type="checkbox"/> Pool Only <input type="checkbox"/> Fitness Center Only <input type="checkbox"/> Fitness Center & Pool	<input type="checkbox"/> 12mo <input type="checkbox"/> 6mo <input type="checkbox"/> 3mo <input type="checkbox"/> 1mo	\$ _____/mo	\$ _____ (total term cost)
Grand Total			\$ _____

Membership Effective Date:

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Payment Method Requirements

3-, 6-, and 12-Month Memberships

- May be paid by **monthly ACH bank draft, or**
- **Must be paid in full at enrollment** if not using ACH

1 Month Membership

- Payment due at time of use
- Accepted: Cash, Credit, Debit, or Check

Payment Type

How would you like to pay: Debit Credit Card Check Cash ACH

Cancellations & Refunds

Member shall have the right to cancel this agreement with full refund if written notice is received within three (3) days of signing this agreement. After that date, all initial fees are non-refundable. Membership will be cancelled if member becomes deceased or becomes physically unable to use the facility. Written verification of disability will be required from physician. Member may cancel agreement if primary residence is relocated more than 35 miles from Optimum Therapies Bloomer, LLC and its Fitness Center ("OTB") and or the Bloomer Area Aquatic & Recreation Center ("BAARC"). Notice to cancel must be delivered to OTB and/or BAARC in writing. OTB and/or BAARC may cancel agreement or restrict use of facility if member fails to make payments or does not abide by OTB and/or BAARC. In such case, no refunds or prior payment or relief of payments will be given.

Auto Renew with Automatic Withdrawal

_____ By initialing here, I agree to have this membership continue after the annual
Initial commitment. Following the initial annual commitment, I understand that I can terminate this agreement at any time, however, I need to provide a 30-day notice. The membership will discontinue at the end of the calendar month following a 30-day notice.

I have read, understood, and completed this New Member Registration and Rate Sheet. I agree to the membership commitment stated above. All questions have been answered to my satisfaction.

Name (Print): _____ Date: _____

Signature: _____

Guardian Signature if under 18: _____



MONTHLY AUTOMATIC PAYMENT PLAN AUTHORIZATION AGREEMENT

Please apply the Automatic Payment Plan to these memberships:

Bloomer Area Aquatic & Recreation Center Optimum Therapies Bloomer, LLC Both

Name: _____

Name of Financial Institution: _____

Checking Savings

Routing Number: _____ Account Number: _____

Monthly Amount: _____

- Please be aware that if you change banks or accounts you will need to notify us immediately.
- Optimum Therapies Bloomer, LLC and/or Bloomer Area Aquatic & Recreation Center has the right to cancel my use of Automatic Payment Plan. I will notify Optimum Therapies Bloomer, LLC and/or Bloomer Area Aquatic & Recreation Center, in writing, 30 days prior to canceling my use of the Automatic Payment Plan.
- I hereby authorize Optimum Therapies Bloomer, LLC and/or Bloomer Area Aquatic & Recreation Center to initiate debit entries to my bank account above. **This authorization is to remain in full force and effect until Optimum Therapies Bloomer, LLC and/or Bloomer Area Aquatic & Recreation Center receives written notification of membership discontinuation following the initial membership.**
- Debit amount will match current membership agreement.
- In the case of insufficient funds, Optimum Therapies Bloomer, LLC and/or Bloomer Area Aquatic & Recreation Center will charge a \$25 fee to be paid within 3 days of notice from the bank.
- Optimum Therapies Bloomer, LLC automatic payment occurs on the 1st of every month and Bloomer Area Aquatic & Recreation Center automatic payment occurs on the 15th of every month.

I confirm that I am an authorized user of this account and authorize the ACH debit payment in this agreement.

Signature

Date