



MEMBERSHIP APPLICATION

(Please Print)

Dr. Mr. Mrs. Ms. Miss

Name _____
(First) (M.I.) (Last)

Date of Birth ____/____/____

Home Address _____

City _____ State _____ Zip _____

Employer _____ Email _____

Home Phone _____ Cell Phone _____ Business Phone _____

COUPLE MEMBERSHIP INFORMATION (fill out only if applying as a couple)

Dr. Mr. Mrs. Ms.

Spouse's Name _____
(First) (M.I.) (Last)

Date of Birth ____/____/____

Spouse's Employer _____ Business Phone (____) _____

E-mail Address _____ Cell Phone (____) _____

BILLING INFORMATION

I understand that my dues and Club charges will be paid automatically by bank draft or credit card. A statement will be mailed to me on or around the 7th of the month. The entire balance will be automatically drafted on the 15th of the month. If, at some time, I want to cancel my membership, I will be responsible for all dues and charges incurred through the termination date.

I hereby authorize the DAC to charge one of the following for my club payments:

CHECKING ACCOUNT AMERICAN EXPRESS VISA MASTERCARD DISCOVER

Please note: You must stop by the Club in order to present your ID and draft source.

SIGNATURE

DATE

Membership Agreement

Physical Readiness Questionnaire (PAR-Q)

I acknowledge that I have had the opportunity to review a PAR-Q and that all resulting questions were answered to my full satisfaction, including any about other people listed on my membership.

Resignation

I recognize that I may resign my membership by submitting a 30 day written notice to the Club and bringing my account balance to zero.

Termination

I understand that failure to pay dues or other indebtedness within 90 days of the billing date may subject me to termination of my membership.

Waiver of Liability

The facilities and activity programs offered by the Downtown Athletic Club (DAC) have been designed and established to provide the optimum level of beneficial exercise and enjoyment without compromising the health or safety of the Members or guests who utilize the facilities or participate in its activities. Because of the nature of the programs made available at the DAC and the equipment which is an integral part of many of these activities, there is an inherent risk of injury which characterizes any exercise activity resulting in a practical limitation placed on the DAC in its efforts to prevent injuries to participants, whether actively participating in exercises, utilizing the equipment, or taking advantage of the various other facilities at the DAC. The undersigned, personally and on behalf of each individual who is a part of this membership, acknowledges their individual responsibility to ensure that the facilities and the equipment are utilized in a proper manner so that those inherent risks which exist under the control of the DAC as well as those outside the control of the DAC and partially within the control of each individual participant are minimized by each participant's thoughtful and cautious use of both the equipment and the facilities in general.

In consideration of the above factors, the undersigned participant, personally and on behalf of each individual who is a part of this membership, acknowledges the existence of risk in connection with these activities, assumes such risk and agrees to accept the responsibility for any injuries sustained by any individual who is a part of this membership in the course of such persons's use of the facilities and/or its equipment. More specifically, the participant, personally and on behalf of each individual who is a part of this membership, acknowledges and accepts responsibility for injuries arising out of those activities which involve risk in one or more of the following areas:

- (a) The use of exercise equipment;
- (b) Participation in group exercise activities;
- (c) Possible injuries or medical disorders arising from exercising at the facilities, such as heart attack, stroke, heat stress, sprains, broken bones, torn muscles, etc.;
- (d) Accidents which occur within the facilities provided by the DAC such as the locker rooms, sauna, dressing rooms and showers.



I hereby acknowledge that all information provided by me is accurate and that I have read and understand the preceding prior to signing and agree to all terms outlined above. I further acknowledge that I am signing both personally and on behalf of each individual who is a part of this membership.

MEMBER SIGNATURE _____

DATE _____

DAC MEMBERSHIP REPRESENTATIVE _____

DATE _____

For Office Use Only

Club Rep. _____

Member # _____

Date Joined _____

Membership Type _____



PAR-Q

Physical Activity Readiness Questionnaire

Congratulations on choosing to improve your life and health at the Downtown Athletic Club. For most people, increasing their level of physical activity is very safe; however, some people should check with their doctor before beginning or intensifying an exercise program. This PAR-Q is designed to help you determine whether you or an individual that is part of your membership should consult with a physician prior to making any changes. Common sense is your best guide when answering the following questions. Please read them carefully and answer each one honestly.

YES NO

- 1.** Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
- 2.** Do you feel pain in your chest when you do physical activity?
- 3.** In the past month, have you had chest pain when you were not doing physical activity?
- 4.** Do you lose your balance because of dizziness or do you ever lose consciousness?
- 5.** Do you have a bone or joint problem (for example, arthritis or back, knee or hip pain) that could be made worse by a change in your physical activity?
- 6.** Do you have reason to believe your blood pressure is high?
- 7.** Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
- 8.** Are you over age 65 and not accustomed to vigorous exercise?
- 9.** Do you know of any other reason why you should not do physical activity?

If you answered **YES** to one or more of the questions, talk with your physician **BEFORE** beginning or intensifying an exercise program. Tell your doctor about the PAR-Q and which questions you answered YES. You may be able to do any activity you want - as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.

If you answered **NO** to all nine questions, you can be reasonably sure that you can begin or intensify an exercise program. However, be safe — begin slowly and build up gradually.

DELAY beginning or intensifying an exercise program:

- If you are not feeling well because of a temporary illness such as a cold or a fever — wait until you feel better; or
- If you are or may be pregnant — talk to your doctor about exercising while pregnant.

Please **NOTE**: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.