



Membership Registration Form

For office use PARAR

1) IPT _____

2) _____

3) _____

4) _____

5) _____

Key fob(s) _____

Initial payment: \$
 cash #____ credit
 for ____ months

Name: _____ M F

Please print

Address: _____ DOB: / /

City: _____ State _____ Zip _____

Home Ph: _____ Cell Ph: _____ Email _____

Employer: _____ Work Ph: _____

Emergency Contact / relation: _____ Emergency Ph: _____

Who referred you to Interactive?

Family Members (children 12 years and younger are not permitted on the equipment)

Name: _____ M F DOB: / / Employer: _____

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Monthly Rates	First 6 months	Rewards Rate
Single	<input type="checkbox"/> \$34.50	<input type="checkbox"/> \$29.50
Couple	<input type="checkbox"/> \$52.50	<input type="checkbox"/> \$45.50
Family (13 yrs & older only)	<input type="checkbox"/> \$65.50	<input type="checkbox"/> \$55.50
Senior (60+ yrs) or Student	<input type="checkbox"/> \$27.50	Available after 6 months.
Senior Couple	<input type="checkbox"/> \$48.50	

Memberships can be paid monthly via Auto Draft or paid in full every 3-12 months.

Bank Draft VISA MasterCard Discover American Express

I (we) authorize IPTF to debit \$_____ from the account indicated below beginning ___/3/11. Debits will be due on the 3rd day of the month and will remain in effect until a 30-day written notification is provided. I understand that if for any reason the debit is not honored I will be subject to an additional fee.

Transit/ABA (routing) # _____ Account # _____

Credit Card # - - - Expiration Date _____

Signed _____ Date _____ Staff _____

over

Health Questionnaire

Please indicate if any of the following pertain to you or anyone on your membership.

		Yes/No & Name			Yes/No & Name
1.	High blood pressure (140/90 or higher on 2 or more times)		9.	Heart disease	
2.	High cholesterol (200 mg/dl or higher)		10.	Lung disease	
3.	Do you smoke or have you quit smoking in the past 6 months?		11.	Diabetes	
4.	Leg pain, tightness, numbness, swelling, or discoloration		12.	Seizures	
5.	Shortness of breath, labored breathing or asthma.		13.	Chest pain	
6.	Heart murmurs, palpitations or a feeling like your heart is racing		14.	Dizziness	
7.	Family History of heart disease (father or brother prior to the age of 55 or mother or sisters prior to age of 65)		15.	Are you pregnant?	
8.	List any back, joint, muscle injuries or any other health conditions that may be affected by exercise.				

Interactive Physical Therapy & Fitness recommends that you consult with your physician prior to beginning an exercise program. I understand that participation in any exercise programs are voluntary and will not hold Interactive Physical Therapy and Fitness, its staff or contractors liable for any injuries sustained.

Signature

Date

24-Hour Access - Key Fob Agreement

1. I agree that I will not let anyone other than myself or my family members on my membership in IPTF premises. I understand that I can only bring a non-member for my safety purposes.
2. I will show courtesy and responsibility with regards to use of the stereo, equipment and facility. I will report any problems to IPTF staff.
3. If I am the only person exercising, I will turn off the lights, stereo and fans when I leave.
4. I understand that proper attire is required.
5. I am aware that a security system is in place and may be monitoring my activities. I will not remove any property from the premises.
6. I agree that I must be 18 years old to use the facility after business hours (8:00 a.m. to 5:00 p.m. M-F.) I agree not to allow children under 13 years on the equipment.
7. If there is a problem, I will call owner, Ric Baird, at 785-640-9181.
8. I understand that violation of the aforementioned rules could result in my membership being revoked without a refund.

Signature

Date