

Member Name (printed): _____



Welcome to PBCH Membership and Specialty Programs!

We are very pleased you have chosen us to help you meet your health and fitness goals. We offer aquatic classes, cardio equipment, specialty programs and motivation through regular fitness challenges! We are also here to encourage and support you wherever you are in your fitness journey.

In order to help you meet your goals, we must get to know you! We ask that you read and fill out the attached paper work. You will need to bring these to your Health and Wellness Orientation.

The Health & Wellness Orientation consists of:

- *Review of medical conditions, fitness goals, health limitations.
- *Design of Fitness Plan
- *Overview of Fitness center equipment, locker rooms and pool equipment.

If you have any questions or need any additional information, please don't hesitate to ask. You may reach the Aquatic and Fitness Department at (603) 536-2232.

Thank You!
PBCH Aquatics and Fitness

Member Name (printed): _____

PBCH Payment Agreement

PBCH Membership Rate entitles you to 1 hour/day, 6 days/week

___ \$ 65/month, Individual Membership
___ \$ 55/month, Senior Membership, 65+

Specialty Class

___ \$46/month, Non Member
___ \$26/month, Member

PAYMENT OPTIONS – Fees are non-refundable & non-transferable. The member agrees to pay dues regardless of usage of Pemi-Baker Community Health facilities.

Auto Payment - Fee will automatically be charged the 20th of every month for the following month's membership. Members are responsible for providing updated credit card information and changes pertaining to auto-payments. Denied cards may result in loss of class placement.

Manual Payment - Fee is due by the 1st of every month and can be paid via credit card, check or cash. Denied credit cards may result in loss of class placement.

___ Auto Payment (20th of each prior month) ___ Manual Payment (Due the 1st of each month)

Please complete all items below for Auto Payment:

Name as it appears on card _____

Card # _____ Exp Date _____ CVV _____

Card Holder Signature: _____

I authorize Pemi-Baker Community Health to bill my account on the twentieth of the month until I cancel my membership in writing with a 30-day minimum notice. A \$25.00 return fee will be charged for all returns on electronic funds transfers and/or bounced checks.

Member signature: _____

Cancelling Membership - Members can cancel at any time as long as PBCH receives a written letter or email within 30 days of the next billing cycle (20th of the month). Cancel forms are available at the front desk.

Medical Leave - Members must complete an Exception Form for medical leave requests. Forms available at the front desk. Membership fee will not be charged during this time. Dr. note required. (class spot **will not** be held)

Membership Freeze - Members are allowed to freeze their membership *for up to 4 months, one time per calendar year*, without having to pay the \$40 registration fee and do the orientation upon returning. Membership fee will not be charged during this time. (class spot **will not** be held).

Membership Start Date _____

Registration Fee (\$40 Registration Fee: not required for Specialty Program only) \$ _____

Pro-Rate (if starting mid-month \$15/week) Dates covered: _____ \$ _____

First Month's Membership if applicable Dates covered: _____ \$ _____

Total Due \$ _____ Paid by: _____

Your first Auto pay of \$ _____ will be charged on _____

Pemi-Baker Community Health Membership Agreement

Please review carefully. Your signature at the bottom of this page signifies that you have read and agreed to the following:

1. Memberships are for ages 18 and older.
2. All members will be required to attend an orientation before utilizing our facilities; covered by the \$40 registration fee.
3. All fitness classes are limited to 10-12 participants, pre-registration is required.

1st choice Class _____ Time _____ 2nd choice class _____ Time _____

***In the event the class of your choosing is full, other options will be offered at your wellness orientation*

4. Once registered for your class, you will maintain your spot as long as you are a current paid member, with auto-pay members being placed on class schedules first.
5. In the event you request a stop payment due to a leave, your spot is not guaranteed upon return.
6. There is no lifeguard on duty, the pool is "use at your own risk". There is no attendant in the gym; the gym is "use at your own risk".
7. Locks and lockers are available to all members for day use only. The member releases PBCH of any responsibility for the loss or theft of any personal items.
8. Tardiness: Please arrive and check in at least 10 minutes prior to class starting. If you are late, your spot may be given to someone waiting for that day. *Please call ahead to cancel if you know you will be absent from class.*
9. In the event you want to switch class times for a day, you must call ahead to pre-register making sure there is space in the class you wish to take. This will only be possible if there is availability.
10. Members with incontinence are limited to the use of the gym only.
11. No outdoor footwear, food or glass in the pool area.
12. A cleansing shower must be taken prior to entering the pool. Long hair must be tied back or capped.
13. Appropriate swimwear must be worn, no cut offs, jeans, etc.
14. Our pool is not for swimming laps, unless ordered by a physical therapist.
15. Check in at the front desk upon arrival and please limit pool time to 1 hour per day.
16. **Permissions:** I understand that my participation in a Pemi-Baker Community Health (PBCH) Program and/or use of PBCH facilities may expose me to activity related risks. I understand that although precautions are taken to provide organization, supervision, and instruction, I am primarily responsible for my own safety. I am aware that there are certain risks involved when I (and my spouse/dependents) participate in PBCH programs and I (along with my spouse/dependents) knowingly and willingly assume those risks. I accept responsibility to verify that I have no physical or psychological conditions that would prohibit my participation in PBCH programs. I hereby grant PBCH permission to use my likeness in a photograph/videos in any and all of its publications, including website entries, without payment or any other consideration. I understand and agree that these materials will become the property of PBCH and will not be returned. My signature attests to the fact that I (and my spouse/dependents) will abide by posted rules and regulations.

By signing this agreement, member understands and agrees to be bound by the rules and regulations of Pemi-Baker Community Health as they now exist and as they may be amended or supplemented in the future, and acknowledges receipt of the rules and a copy of this agreement.

Member Signature: _____ **Date:** _____

Name:

D.O.B.

Age:

Address:

Phone (H):

Phone (C):

Occupation:

Email:

Health insurance benefits that pay for gym memberships or wellness programs? YES NO NOT SURE

1. Emergency Contact:

Relationship:

Address:

Cell Phone:

Home Phone:

2. Medical History

Has a doctor ever recommended medically supervised physical activity? YES NO

3. LIFESTYLE

Do you consider your diet to be: GOOD ADEQUATE/APPROPRIATE POOR

How do you rate your stress level? HIGH MODERATE LOW

Do you smoke? YES NO If yes, how many per day?

Are you leading a sedentary lifestyle? YES NO

Do you have friends who exercise here? YES NO

4. EXERCISE BACKGROUND

How long since you have participated in regular exercise? (Maintaining an elevated heart rate for at least 30 minutes, three times/week):

What activities outside the gym do you currently participate in?

Tennis Running Cycling Walking Swimming Hiking

Other:

Do you have any fears about water? YES NO

5. GOALS AND OBJECTIVES

Do you want to work out on LAND POOL BOTH

Do you want to work out in a CLASS INDIVIDUALLY BOTH

What do you want to achieve from your exercise program (circle all that apply)?

WEIGHT LOSS PRE-HAB CARDIOVASCULAR/AEROBIC FITNESS MUSCLE STRENGTH

MEET NEW FRIENDS ACCOUNTABILITY COACHING/ENCOURAGING

STRESS MANAGEMENT FLEXIBILITY OTHER:

Do you have support for your goals (family, friends, social network?): YES NO

How many times/week are you able to come? 1 2 3 4 5 6

Is there anything else you want to share or think we should know before you start exercising?

SIGNATURE: _____ **DATE:** _____