

# Application for Membership

4210 Highway 9 Boiling Springs, SC 29316

864.599.6639 [www.thefitnessedgestudio.com](http://www.thefitnessedgestudio.com)



Name \_\_\_\_\_ Date of Application \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email \_\_\_\_\_ Birthday \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Have you exercised in the last 6 months?  Yes  No

Are you under the care of a physician or healthcare professional?  Yes  No If yes, have you been released by your physician to participate in an exercise program?  Yes  No

I understand there is some risk in participating in exercise activity and I release **FITNESS EDGE STUDIO, LLC** from any damages or personal injury I may sustain. Please initial \_\_\_\_\_.

How did you hear about **FITNESS EDGE STUDIO**? \_\_\_\_\_

If applying for a Family membership, please list the other names that will be connected to this membership

1. \_\_\_\_\_ Member # \_\_\_\_\_ Birthday \_\_\_\_\_ Exercised in the last 6 months?  Y  N

2. \_\_\_\_\_ Member # \_\_\_\_\_ Birthday \_\_\_\_\_ Exercised in the last 6 months?  Y  N

3. \_\_\_\_\_ Member # \_\_\_\_\_ Birthday \_\_\_\_\_ Exercised in the last 6 months?  Y  N

4. \_\_\_\_\_ Member # \_\_\_\_\_ Birthday \_\_\_\_\_ Exercised in the last 6 months?  Y  N

Are any of your family members listed above under the care of a physician or healthcare professional?  Y  N

If yes, which one(s)? \_\_\_\_\_ and have they been released by a physician to participate in an exercise program?  Y  N

Understanding there is some risk in participating in exercise activity. I release **FITNESS EDGE STUDIO, LLC** from any damages or personal injury my family may sustain. Please initial \_\_\_\_\_.

## You Must Read and initial the Following Statements

1. Children 12 to 15 years old **MUST** be accompanied by a parent when working out and **MUST** have authorization from management to be a gym member. (Initial) \_\_\_\_\_

2. Personal Training sessions **MUST** be cancelled **AT LEAST** 2 hours prior to your scheduled appointment or you **WILL** be charged \$45.00. (Initial) \_\_\_\_\_ No REFUND

3. There will be an additional \$30 enrollment fee to **REACTIVATE** memberships over 90 days inactive. (Initial) \_\_\_\_\_

4. I have read and understand all gym rules and agree to abide by them at all times. (Initial) \_\_\_\_\_

All applicants named on this form, above the age of 16, must sign below:

\_\_\_\_\_  
Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Signature \_\_\_\_\_ Print name \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian if under 16 years old \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Please return this application to **FITNESS EDGE STUDIOS, LLC**. 4210 Highway 9 Boiling Springs, SC 29316

For Office Use Only	Approved By _____	Date _____
Membership Type _____	Approved By _____	Date _____
Primary Membership Number _____	Monthly Dues _____	