

Application for Membership

4210 Highway 9 Boiling Springs, SC 29316

864.599.6639 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

Membership Type _____ Approved By _____ Date _____

Primary Membership Number _____ Monthly Dues _____