

# Main Street Fitness/ LeRoy Karate

66 Main Street  
LeRoy, New York 14482  
PHONE: 414-3181

## Membership Application/ Contract

(PLEASE PRINT USE BLUE OR BLACK INK ONLY)

NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE & ZIP CODE \_\_\_\_\_

PHONE (     ) \_\_\_\_\_ AGE \_\_\_\_\_ SEX: M F

EMAIL: \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

PHYSICIAN'S NAME/ PHONE NUMBER \_\_\_\_\_

IN CASE OF EMERGENCY, NOTIFY (NAME) \_\_\_\_\_

REALTIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

### PLEASE ANSWER THE FOLLOWING:

1. Do you have high blood pressure? \_\_\_\_\_
2. Are you on blood pressure medication? \_\_\_\_\_
3. Do you have diabetes? \_\_\_\_\_
4. Are you in good health? \_\_\_\_\_
5. Do you smoke cigarettes? \_\_\_\_\_
6. What do you do for a living? \_\_\_\_\_
7. Do you have any injuries? \_\_\_\_\_
8. Do you have any diseases, allergies or physical ailments? \_\_\_\_\_
9. If so, what? \_\_\_\_\_

**Please indicate which class(s) you wish to join:**

Main Street Fitness \_\_\_\_\_ Karate \_\_\_\_\_ OTHER \_\_\_\_\_ (Yoga/Taichi)

**PLEASE READ AND SIGN WHERE INDICATED. PARENT OR GUARDIAN SIGNATURE REQUIRED IF UNDER 21 YEARS OF AGE.**

I, \_\_\_\_\_, HEREBY MAKE APPLICATION FOR TRAINING AT **Main Street Fitness/ LeRoy Karate**, AND UPON ACCEPTANCE, I SINCERELY PLEDGE TO OBEY ALL CLUB RULES AND REGULATIONS, WHICH ARE SET UP FOR THE PURPOSE OF KEEPING ORDER AND FOR THE PROTECTION OF PUPILS FROM INJURY. I RECOGNIZE THAT A RISK IS INVOLVED IN FITNESS TRAINING, THE STUDY OF MARTIAL ARTS, Yoga/Taichi, ANY EXERCISE CLASSES OFFERED, AND CARDIO WHICH REQUIRES MY STRICT ADHERENCE TO THE RULES AND INSTRUCTORS DISCIPLINE. I REALIZE THAT I AM NOT FORCED TO DO ANYTHING I WISH NOT TO. IN CONSIDERATION OF MY ACCEPTANCE INTO THIS CLUB, I HEREBY FOR MYSELF, MY HEIRS, MY EXECUTORS AND ADMINISTRATORS, WAIVE AND RELEASE ANY AND ALL RIGHTS AND CLAIMS FOR DAMAGES I MAY HAVE AGAINST **MAIN STREET FITNESS/ LEROY KARATE** ORGANIZATION, ITS INSTRUCTORS, EMPLOYEES, AGENTS, MEMBERS AND AUTHORIZED GUESTS, Yoga/Taichi INSTRUCTORS AND BUILDING OWNERS.

IN CONSIDERATION OF THE ACCEPTANCE OF THE ABOVE NAMED APPLICANT AT **MAIN STREET FITNESS/ LEROY KARATE**, AND RECOGNIZING THAT A RISK IS INVOLVED IN THE PRACTICE OF FITNESS TRAINING, THE MARTIAL ARTS, Yoga/Taichi, ANY EXERCISE CLASSES OFFERED, AND CARDIO. I THE UNDERSIGNED PARENT OR GUARDIAN, HEREBY AGREE TO SAVE, INDEMNIFY AND KEEP HARMLESS **MAIN STREET FITNESS/ LEROY KARATE**, ITS INSTRUCTORS, EMPLOYEES, AGENTS, MEMBERS AND AUTHORIZED GUESTS, Yoga/Taichi Instructors and BUILDING OWNERS, AGAINST ANY OR ALL OF THE FOLLOWING: LIABILITY CLAIMS, JUDGEMENTS OR DEMANDS FROM DAMAGES ARISING FROM ACCIDENTS OR INJURIES OF THE ABOVE NAMED APPLICANT. PLEASE NOTE HERE ANY PHYSICAL LIMITATIONS YOU MAY HAVE (EYEGASSES / BAD BACK). IN SOME CASES, A DOCTOR'S EXCUSE MAY BE REQUIRED PRIOR TO STARTING

**I UNDERSTAND THAT I MAY BE EXPELLED OR REMOVED FROM MAIN STREET FITNESS OR LEROY KARATE AT THE DISCRETION OF THE EMPLOYEES OR INSTRUCTORS.**

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**I AM APPLYING FOR THE FOLLOWING MEMBERSHIP:**

FITNESS: MONTHLY@\_\_\_\_\_ 3 MONTHS@\_\_\_\_\_ 6 MONTHS@\_\_\_\_\_ 1 YEAR@\_\_\_\_\_

KARATE: MONTHLY@\_\_\_\_\_ 3 MONTHS@\_\_\_\_\_ 6 MONTHS@\_\_\_\_\_ 1 YEAR@\_\_\_\_\_

PILATES: MONTHLY@\_\_\_\_\_ 3 MONTHS@\_\_\_\_\_ 6 MONTHS@\_\_\_\_\_ 1 YEAR@\_\_\_\_\_

OTHER: MONTHLY@\_\_\_\_\_ 3 MONTHS@\_\_\_\_\_ 6 MONTHS@\_\_\_\_\_ 1 YEAR@\_\_\_\_\_

**ALL FEES ARE NON-REFUNDABLE IN ALL CASES ( INCLUDING EXPULSION OF A STUDENT).**

**APPLICANT SIGNATURE:** \_\_\_\_\_

**PARENT OR GUARDIAN:** \_\_\_\_\_

**DATE BEGAN:** \_\_\_\_\_

**APPROVED BY:** \_\_\_\_\_

**BY SIGNING ABOVE YOU HAVE AGREED TO AND READ ALL RULES AND INFORMATION IN THIS PACKET.**