



Date _____

Membership Application

Member # _____

Membership Type: _____

PERSONAL INFORMATION

First Name (Mr./Mrs./Ms.) _____ Last Name _____

Date of Birth _____ Age _____ Male Female

Ethnicity/Race: (Please check as many as apply.) Hispanic Latino American Indian/Alaska Native

Asian Black/African American Native Hawaiian or Other Pacific Islander White

Email _____

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Employed by _____ Retired from _____ Not employed

Emergency Contact Name _____ Relation _____

Emergency Contact Phone _____

Referred By Member Physician Staff Other Name _____

Physician Name _____ City _____

Physician Phone _____

Are you a Veteran? Yes Branch of Service _____ Dates of Service _____

Are you a student? Yes School _____ Transcript

Are you an Oak Hill employee? Yes

Are you an AARP member? Yes AARP # _____

How did you hear about Chapter 126? _____

When will we see you? Monday Tuesday Wednesday Thursday Friday Weekend

What time of day? Morning Afternoon Evening

How active do you consider yourself? Low Moderate High

What are your interests?

Fitness Sports Community Events Group Exercise Classes Personal Training Other: _____

Is there anything else you'd like to share with us?

PERSONAL INFORMATION

First Name (Mr./Mrs./Ms.) _____ Last Name _____

Date of Birth _____ Age _____ Male Female

Ethnicity/Race: (Please check as many as apply.) Hispanic Latino American Indian/Alaska Native
 Asian Black/African American Native Hawaiian or Other Pacific Islander White

Email _____

Employed by _____ Retired from _____ Not employed

Emergency Contact Name _____ Relation _____

Emergency Contact Phone _____

Additional people on membership (*at same address only*):

First Name: _____ Last Name: _____

DOB: _____ Age: _____ Male Female

Ethnicity/Race: (Please check as many as apply.) Hispanic Latino American Indian/Alaska Native
 Asian Black/African American Native Hawaiian or Other Pacific Islander White

First Name: _____ Last Name: _____

DOB: _____ Age: _____ Male Female

Ethnicity/Race: (Please check as many as apply.) Hispanic Latino American Indian/Alaska Native
 Asian Black/African American Native Hawaiian or Other Pacific Islander White

First Name: _____ Last Name: _____

DOB: _____ Age: _____ Male Female

Ethnicity/Race: (Please check as many as apply.) Hispanic Latino American Indian/Alaska Native
 Asian Black/African American Native Hawaiian or Other Pacific Islander White

First Name: _____ Last Name: _____



RELEASE OF LIABILITY & PHOTOGRAPH/INFORMATION RELEASE AUTHORIZATION

Name: _____

In Case of Emergency:

Address: _____

Name: _____

City: _____ Zip: _____

Telephone: _____

Telephone: _____

Relation: _____

Date of Birth: _____

Email: _____

I understand and acknowledge that the use of the sports and physical fitness equipment at Chapter 126 and my participation in the programs of Chapter 126 may expose me to certain foreseeable and unforeseeable risks of bodily injury, including serious bodily injury, which may require me to receive medical attention or treatment. I knowingly and voluntarily assume all risks of the use of the sports and physical fitness equipment at Chapter 126 and my participation in the programs of Chapter 126.

I hereby release Chapter 126 and Oak Hill and their respective employees and agents from any and all liability connected to my use of the sports and physical fitness equipment at Chapter 126 and my participation in the programs of Chapter 126, including any liability arising from Chapter 126's or Oak Hill's negligence.

I understand the rules and regulations of Chapter 126, and will abide by them completely. I agree to cooperate fully with any request the staff may make of me.

I have carefully read this Release of Liability and I have had the opportunity to ask questions about it. I fully understand its contents and knowingly and voluntarily agree to the terms and conditions set forth herein.

_____ I do give permission for my full name and photo to be used for promotional and informational materials associated with Chapter 126 Sports & Fitness such as brochures, website and Facebook.

_____ I do not give permission for my full name and photo to be used for promotional and informational materials associated with Chapter 126 Sports & Fitness such as brochures, website and Facebook.

I understand that all photographs, including any negatives or positives, are the sole property of Chapter 126 Sports & Fitness. I understand that the photos may be included in materials reproduced for mass publication and purchase. I understand that I will not see the photographs before they are published in the above mentioned publications and I will not hold Chapter 126 responsible for any alterations or modifications made to these photographs.

I also understand that the Internet is accessible to the general public and that Chapter 126 shall not be responsible for any use, modifications or reproduction of photographs or images by individuals accessing the Internet.

This permission may be withdrawn at any time upon sixty (60) days advance written notice to the Office Administrator at Chapter 126.

Signature of Participant or Legally Authorized Representative/Parent

Date

Printed Name of Participant or Legally Authorized Representative/Parent



Health History

Name (please print) _____ Date _____ Date of Birth _____

Check any of the following that apply to your health (currently or in the past): The information you provide will help us develop an individualized plan to help you meet your fitness and recreation goals.

Heart Condition- *if yes specify*

High Blood Pressure or on Blood Pressure Medicine

Cardiac Surgery – *if yes, what kind and when*

Pain in your chest while doing physical activity

Diabetes

Respiratory Disease (*check all that apply*)

Chronic Bronchitis Asthma

Emphysema

Parkinson’s Disease

Multiple Sclerosis

Stroke- *when and how affected*

Arthritis (Type: Osteo Rheumatoid)

Ankylosing Spondylitis

Post-Polio Syndrome

Muscular Dystrophy

Ataxia

Chronic Dizziness

Autism

Learning or emotional disability, intellectual disability

Morbid Obesity

Spinal Muscular Atrophy

Neuropathy

Lymphedema

Osteogenesis Imperfecta

Cerebral Palsy

Spina Bifida

Epilepsy or Seizure Disorder

Head Injury

Shunt

Any other chronic medical condition

Orthopedic Surgery – type and date

Any bone or joint problems that limit you from engaging in physical activity- if yes specify

Currently Pregnant

Other _____

Amputation- Type _____

Prosthesis Yes No

Spinal Cord Injury (date of onset)

Paraplegia Quadriplegia

Visual Impairment

Requires assistance with community mobility

Yes No

Incontinence

On a bladder management program

On a bowel management program

Current pressure sore(s)

Current open wound(s)

Seizure in past 6 months

All new members undergo an initial fitness orientation with one of our Exercise Physiologists where individual goals and expectations are assessed and discussed. Our staff will develop and assist in the management of a customized exercise plan specifically designed to meet the needs of our members. After the orientation process, staff is on hand to check in with members as they go about their exercise programs independently and provide general oversight. If it is determined that an individual’s personal fitness goals exceed their ability to operate independently and safely, or if they will require the constant assistance of a Chapter 126 staff member, we would recommend scheduling Personal Training sessions (for an additional fee) in order to ensure the one-on-one time is reserved just for you. _____ (please initial)

Will a caregiver or family member be attending with you? Yes No

Do you use a walker, cane or wheelchair to get around inside the home or in the community? Yes No