

**JFK Health & Fitness Center**

70 James Street, Edison, NJ 08820

732.632.1610

**Membership Profile**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship to emergency contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Please check which medical conditions apply to yourself:

\_\_\_\_ Diabetes    \_\_\_\_ Heart Disease    \_\_\_\_ High Cholesterol    \_\_\_\_ Hypertension

\_\_\_\_ Kidney Disease    \_\_\_\_ CVA    \_\_\_\_ Other: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Are you currently being treated by any other Physician's?: \_\_\_\_\_ Yes    \_\_\_\_ No

If so, please list name and specialty: \_\_\_\_\_

\_\_\_\_\_

Primary Insurance: \_\_\_\_\_

Any known allergic reactions? \_\_\_\_ Yes    \_\_\_\_ No

If yes, please elaborate: \_\_\_\_\_

I grant consent for contact with the Physician's I've listed for medical purposes

Signature: \_\_\_\_\_ Start Date: \_\_\_\_\_

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**Liability & Consent Form**

My membership begins on \_\_\_\_\_. I understand that refunds or extensions can only be obtained due to medical reasons in writing by a Physician.

Credit is not extended for absences or vacations. The staff will provide a vacation workout, if it is requested one week in advance. In the event of an injury or significant illness, the client must provide written medical clearance, with a diagnosis, in order to return to the program. The orders must state the date the client was seen and the date he/she can return to exercise. Any precautions or stipulations should be provided as well.

In consideration of my participation at the JFK Health & Fitness Center, I the undersigned, intending to be legally bound, release any and all claims against JFK Medical Center, its trustees, officers, employees, and agents for any injury or damage suffered by me. As a participant, I understand, agree, and accept all risks. I also understand that I may not use any equipment until proper instruction has been given to me and I fully understand the safety procedures as well as the operating procedures.

I understand that the information that may be obtained during the evaluation and/or exercise sessions of the JFK Health & Fitness Center may be used for statistical purposes.

I have read all of the above, asked questions, received answers concerning areas I did not understand and I willingly give my consent to participate in this program.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Witness: \_\_\_\_\_