



Enrollment Form

5555 Youngstown-Warren Road, Suite 730, Niles, OH 44446
 Phone: 330-349-9266 / Website: www.fizek.net

MEMBER INFORMATION

Last Name: _____ First: _____ Home Phone: (____) _____
 Address: _____ Unit #: _____ Cell Phone: (____) _____
 City/State: _____ Zip: _____ Email: _____
 Employer: _____
(required)

Date of Birth: / / Emergency Contact: _____
 License #: N/A Emergency Phone Number: (____) _____
 Soc Sec #: - N/A Relation: _____

ENROLLMENT INFORMATION

Term: One week One month
 Bill monthly Other: 1-yr Pd in Advance

CC: M/Card Visa AMX Disc Card # _____ Exp: /
 CVV code: _____

Enrollment Fees		
	Initiation Fee	Term Fee
	\$	\$ <u>75.00</u>
Sales Tax:	\$	\$ <u>5.06</u>
TOTAL:	\$	\$ <u>80.06</u>

Student Rate

save \$271.52

Paid Today

Monthly Membership Fee	
	\$
Sales Tax:	\$
TOTAL:	\$

To be withdrawn from above account on the 1st 15th day of each month

Beginning: N/A
 (Month) (Year)

Returned payments will be subject to a \$25 NSF Fee

Term Length: 1 yr Membership Start Date: / / End Date: / /

Enrollee hereby acknowledges that the Enrollee is not relying on any oral representations or promises made by Ohio Professional Consulting, LLC, dba Fizek, members, agents, employees, trainers or other means and that this agreement contains all of the terms and conditions of the Enrollment Agreement. In recognition of the possible dangers connected with any physical activity, Enrollee hereby knowingly and voluntarily waives any right of cause of action of any kind whatsoever arising as a result of such activity, from which liability may or could accrue to Ohio Professional Consulting, LLC, its members, agents, employees or trainers. Should Enrollee default, Enrollee hereby agrees to pay all costs associated with the collection of the debt, including but not limited to collection agency fees, reasonable attorney's fees and court costs, all of which may be paid or incurred by the holder of this note. Prices are subject to change without notice. Annual maintenance fee of \$29.95 due in third month of membership and annually thereafter. Cancellation of this agreement must be made in person at gym location, with signature and proper identification. Enrollee can cancel this agreement at any time but no refunds of prior payments will be issued.

I hereby acknowledge that I have read and understand the entire agreement and that I have received a copy. I further authorize Ohio Professional Consulting, LLC to charge my credit card or debit my checking account for my dues in accordance with the charges detailed herein.

Enrollee Signature: _____ Print Name: _____ Date: _____
 Staff Signature: _____ Print Name: _____ Date: _____

I, _____ take complete responsibility for the payments of this contract. Date: _____
 (If contract is being paid by someone other than the signer.)



RULES AND REGULATIONS

Fizek Fitness | Better Bodies By Design

5555 Youngstown-Warren Road | Suite 730 | Niles | Ohio | 44446

330.349.9266 | www.fizek.net

Last Name: _____ First Name: _____

The following Rules and Regulations are intended to govern the actions of all members, guests, and visitors of Fizek Fitness:

- 1) Maintain the facility in its present condition. Do not abuse or misuse the equipment.
- 2) Wear appropriate attire, including shirt and shoes, at all times in the exercise areas. Clothing must cover the body appropriately and shoes must cover the entire foot. No outside shoes are permitted; please leave them in the lockers.
- 3) Drinks brought into the facility must be moderate in size and in closed containers.
- 4) Use the lockers for all personal items. Do not leave personal articles or property in the facility overnight. Do not leave locks on lockers overnight. They will be cut off and the locker will be emptied.
- 5) NO BAGS ARE PERMITTED in the workout areas. Bags can be left in a locker located in the locker rooms.
- 6) Follow all security policies as posted from time to time.
- 7) Use safety bars at all times when using the free weight racks without a spotter.
- 8) Turn off all equipment (ex. Treadmills, Steppers, etc.) when use is finished.
- 9) Turn out lights when leaving exercise rooms or second floor bathrooms. Help us do our part for the environment and to keep our prices down by conserving.
- 10) Use equipment in accordance with printed instructions and/or guidance from Fizek staff.
- 11) PUT AWAY ALL EQUIPMENT IN ITS PROPER PLACE, this includes but is not limited to putting weight plates back on the weight trees, if you've removed a piece of equipment from an exercise room, return it, etc.
- 12) Do not exercise under the influence of alcohol or drugs. Anyone caught using or selling any illegal substance such as PEDS will be immediately removed from the facility and the proper authorities will be notified.
- 13) Report any accident to Fizek staff immediately so that a complete report can be made and signed by the injured member and a Fizek representative as soon as possible.
- 14) Do not use abusive or vulgar language.
- 15) Sexual misconduct will not be tolerated. Please treat every member and Fizek staff with the correct amount of respect.
- 16) Guests and visitors are not permitted unless a Day Use Agreement is signed. Only then will these individuals be able to use any of the equipment.
- 17) Smoking is prohibited throughout the facility and on its grounds.
- 18) Wipe each piece of equipment off after each use with sanitizer and towels provided throughout the facility in order to make the equipment clean and sanitary for the next use.
- 19) Be considerate of others who may be waiting to use equipment. Don't stay on one piece of equipment for more than 30 minutes if someone is waiting.
- 20) Children walking to 6 years of age must be checked into the childcare. Children 7-12 can use the facility FREE but must be accompanied by an adult at all times. Children 13-17 must have their own membership with signed approval from a parent/guardian.
- 21) Notify Fizek staff immediately if anyone is witnessed violating these Rules and Regulations.

Ohio Professional Consulting, LLC dba Fizek Fitness reserves the right to expel anyone violating the Rules and Regulations or for any other actions that are detrimental to the welfare, good order and character of Fizek Fitness and its members. Violations of these Rules and Regulations may cause a suspension or termination of membership. These Rules and Regulations are subject to change from time to time as Fizek Fitness may, in its sole discretion, deem necessary or desirable.

I hereby acknowledge that I have read and understood all of the Rules and Regulations and agree to abide by them.

Enrollee Signature: _____ Print Name: _____ Date: __/__/____

Staff Signature: _____ Print Name: _____ Date: __/__/____



HEALTH FORM

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Last Name: _____ First Name: _____

Regular physical activity has many health benefits; however, some individuals should check with a doctor before they start. When planning to undertake physical activity, you should begin by answering the questions below.

- 1) Has your doctor ever said that you have a heart condition ~~and~~ that you should only do physical activity recommended by a doctor? YES / NO
- 2) Do you feel pain in your chest when you do physical activity? YES / NO
- 3) In the past month, have you had chest pain when you were not doing physical activity? YES / NO
- 4) Do you lose balance because of dizziness or do you ever lose consciousness? YES / NO
- 5) Do you have a bone or joint problem that could be made worse by a change in your physical activity? YES / NO
- 6) Have you ever had any problems with your back? YES / NO
- 7) Is your doctor currently prescribing any medication for your blood pressure or a heart condition? YES / NO
- 8) Is there any family history of heart disease, stroke, raised cholesterol or high blood pressure? YES / NO
- 9) Do you suffer from diabetes/epilepsy/asthma? YES / NO
- 10) Are you pregnant, or have you given birth in the last six weeks? YES / NO
- 11) Do you have, or have you had any illnesses recently? YES / NO
- 12) Have you recently had surgery? YES / NO
- 13) Do you know of any other reason why you should not do physical activity? YES / NO
- 14) Please list any limitations/medical history, including medication: _____

- 15) What are your fitness goals? _____
- 16) What is your current exercise routine? _____
- 17) How would you rate your current level of fitness? (10 is very fit; 1 is very inactive) 10 9 8 7 6 5 4 3 2 1
- 18) What time of day do you like to workout? _____

Enrollee Signature: _____ Print Name: _____ Date: ___/___/___

Staff Signature: _____ Print Name: _____ Date: ___/___/___