

COURT JESTER ATHLETIC CLUB

Membership Application

(PLEASE PRINT)

Member # _____

Name _____

Address _____

City _____ State _____ Zip _____

D.O.B. ___/___/___

E-mail _____

Phone #1 () _____

Phone #2 () _____

Work Phone () _____

Employer _____

Children *13 and under using Free Childcare*

Name _____

D.O.B. ___/___/___

Name _____

D.O.B. ___/___/___

Name _____

D.O.B. ___/___/___

Have you ever been a member of the Court Jester Athletic Club? YES NO

If so when? _____ Reason for leaving? _____

Please read the following and initial the bottom agreeing to abide by and uphold all Club rules. Please refer to the reverse side of our contract for all Club By Laws and Rules, a copy can be provided for you at your request.

1. Please check-in at the Front Desk and have your swipe card readily available every time. If your card is lost or damaged, there is a \$5 replacement fee.
2. DO NOT LEAVE PLATES on equipment. **RE-RACK ALL FREE WEIGHTS and PLATES.**
3. During inclement weather (rain, snow, slush) please bring a change of sneakers to prevent unnecessary wear and tear on equipment.
4. Members must adhere to **ALL** posted signs throughout the Club.
5. ALL NON-MEMBERS must pay a Guest Pass and sign-in. Daily-\$10 or Weekly-\$25
6. Children 13 and under must be in childcare during hours of operation. Children are NOT PERMITTED in the Club without a Parent. **ONLY** for Racquetball (Parent must reserve court ahead of time). They are not allowed on the Track.
7. All Members must shower before entering the Whirlpool. No shaving in or around Steam room, Sauna or Whirlpool.

Management reserves the right to amend any Club BY LAWS and RULES at any time.

If you need clarification, please feel free to inquire. Please initial in acknowledgment of agreement _____

Medical Questionnaire

IN CASE OF EMERGENCY, PLEASE CONTACT _____ PHONE# _____

Has your physician ever advised you against exercise? YES NO If yes, why? _____
After reviewing your questionnaire, it may be necessary to obtain a medical clearance from your doctor before beginning an exercise program, if it is necessary to contact your doctor regarding your program, may we have your permission? YES NO

Do you now or have you ever experience any of the following:

Chest Pains	YES	NO	Daily Coughing	YES	NO
Chest Pressure	YES	NO	Fainting	YES	NO
Palpitations	YES	NO	Seizures	YES	NO
Unexplained weight change	YES	NO	Difficulty walking	YES	NO
Shortness of breath	YES	NO	Numbness	YES	NO
Dizziness	YES	NO	Allergies	YES	NO
Frequent headaches	YES	NO	Stumbling	YES	NO

Do you have or did a physician ever diagnose the following:

Heart disease	YES	NO	Diabetes	YES	NO
Heart Murmur	YES	NO	Emphysema	YES	NO
Arrhythmias	YES	NO	Asthma	YES	NO
Circulatory Problems	YES	NO	Cancer	YES	NO
Chronic Bronchitis	YES	NO	Arthritis	YES	NO
High blood pressure	YES	NO	Osteoporosis	YES	NO
Neurologic problems	YES	NO	High Cholesterol	YES	NO

Are you presently under a physicians care for any of the above or any other condition? YES NO Please explain _____

Have you had any major illnesses and/or surgeries? YES NO Please explain _____

Do you have any current medical issues or incompletely healed injuries? YES NO Please explain _____

Have you had or currently have any bone, joint (including spine) or muscle injuries? YES NO Please explain _____

Is there any position, activity, exercise or task that causes you concern or pain? YES NO Please explain _____

Do you experience any tingling, numbness or feelings of weakness in any parts of your body? YES NO Please explain _____

Do you experience any problems with posture or with movement? YES NO Please explain _____

Are you currently taking any medications? YES NO Names/Dosages _____

Do you smoke? YES NO If yes, how many packs? _____ How many years? _____

Do you have a family history of heart disease (heart attack/stroke) YES NO If yes, who (immediate family only) and what age? _____

Do you have a family history of diabetes? YES NO Please explain _____

Please rate your general health ___ excellent ___ good ___ fair ___ poor Rate your general level of physical fitness ___ excellent ___ good ___ fair ___ poor

Do you exercise? YES NO - FREQUENT or INFREQUENT Do you have exercise equipment at home? YES NO

What goals do you hope to achieve through joining the Court Jester Athletic Club? _____

Court Jester Athletic Club Waiver/Release

I, (print) _____ voluntarily enter the Court Jester Athletic Club, the areas within and about the premises, located at 216 Reynolds Rd, Johnson City, NY 13790 and/or 67 Robinson St, Binghamton, NY 13901, to participate in the athletic, physical and social activities therein. I have inspected the premises and know of the risks and dangers involved in such activities as are conducted therein and that unanticipated and unexpected injury to my person or property that may be sustained in connection with the stated and associated activities in and about the premises. In consideration of the permission granted to me to enter the premises and participate in the stated activities, I hereby, myself, my heirs, administrators and assigns, release, remiss, and discharge the owners, operators and sponsors of the officers, and officials and all other participants in those activities of and from all claims, demands, actions and causes of action of any sort, for injury sustained to my person and/or property during my presence on the premises and my participation in those activities due negligence or any other fault. **I represent and certify that my true age is _____**, and if I am under the age of 18 years, I represent and certify that I have permission of my parents and/or guardians to participate in those activities and that they have full knowledge thereof. I certify that my attendance and participation in those activities is voluntary and that I am not, in any way, the employee, servant or agent of the owners, operators or sponsors of the premises and the activities therein. While the exercise may not be strenuous, we require that you ask your doctor's advice. If you have not had a physical examination within the past year, we advise that you do so. I understand and have been explained the application of all expenses/fees concerning should I have my account returned for any/all reasons, fail to meet the minimum contractually agreed upon months of membership, membership card replacement or request to for my account to be put on freeze status. I have read and understand the foregoing, release and by affixing my signature to it, signify my clear intention to be legally bound by it.

Date ___/___/___ Signature _____

PARENTAL CONSENT: This is to certify that, I (print) _____ as a parent or guardian of the aforementioned minor agree to be responsible for all costs or damages for which my child is responsible and agree to pay all costs arising from disciplinary action.

Date ___/___/___ Signature of Parent/Guardian _____