

COUNTY PHYSICAL THERAPY, LLC

The Health & Wellness Center

FITNESS MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:		
Date of birth:	Home Phone:	Cell Phone:
Current address:		
City/State/ZIP:	email:	
Current employer:	Work Phone:	

EMERGENCY CONTACT

Name:		
Home Phone:	Work Phone:	Relationship:

FITNESS MEMBERSHIP SELECTION

Level (circle one):	Single	Joint	Family	Student/Senior/CPT Patient	Corporate/Group
Length (circle one):	1 month	3 months	6 months	1 year	Day/Class Pass Other: _____

CO-APPLICANT INFORMATION (JOINT MEMBERSHIP ONLY)

Name:		
Date of birth:	Home Phone:	Work Phone:

CHILDREN (FAMILY MEMBERSHIP ONLY)

Name	Name
Name	Name

DISCLOSURE & SIGNATURES

County Physical Therapy, LLC & The Health & Wellness Center (CPT) is not responsible for accidents, injuries, or loss of personal property caused by its negligence or the negligence of its servants, agents, or employees. The Applicant(s) stipulate that he or she is physically sound and that he or she has medical approval to proceed with a plan of exercise or any other activities at, in conjunction with, or sponsored by CPT. The Applicant further stipulates and agrees that all exercises or activities shall be undertaken by the Applicant at his or her sole risk, and that CPT shall not be liable for any claims, injuries, or causes of action whatsoever to the Applicant's person or property arising out of or connected with the Applicant's use of CPT services, facilities, or premises, or the negligence of CPT, its servants, agents or employees. By signing this agreement, the Applicant acknowledges that he or she has read, understands, and agrees to abide by the above terms and CPT's Fitness Center Policies and Procedures. Membership can be revoked at any time. Membership dues must be paid in full to use CPT facilities. Refunds not available for paid memberships. Members under the age of 16 must be accompanied by an adult when using CPT facilities.

Signature of applicant:	Date:
Signature of co-applicant (if applicable):	Date:

CPT USE ONLY

Amount Due:	Paid by: Cash Check# V/MC/Amex	Membership #
Membership Expires:	CPT Employee:	Date: