



Membership Type: _____ \$ _____/month

14366 US Hwy 190 West
Onalaska, Texas 77360
(936) 646-3353
extremefitnesstx@yahoo.com

Membership Application

Last Name: _____ First Name: _____ Middle Initial: _____

Date of Birth: ____/____/____ Gender: __M__F Employer: _____

Address: _____ City: _____ State: ____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Emergency Contact Name: _____ Number: _____ Relation: _____

Gym Rules:

1. Courtesy and respect must be shown at all times for other members and staff.
2. Appropriate actions and clean language are expected on premises at all times.
3. Members are not allowed behind Staff desk or in utility closets.
4. Absolutely no smoking or alcohol consumption on premises.
5. Your account must be kept current or privileges will be revoked. **\$35.00 fee for all Returned Items**
6. Proper attire and shoes must be worn in all exercise areas.
7. Scan key card upon entry.
8. All equipment must be used properly.
9. Do NOT drop weights on the floor or make excessive noise.
10. Wipe off machines and equipment after use.
11. 20-minute cardio machine limit if other members are waiting.
12. NO ONE under the age of 11 allowed in the exercise areas; must remain in designated areas provided.
13. MEMBERS 11-13 YEARS OLD ARE PROHIBITED FROM USING WEIGHT EQUIPMENT; cardio machines only.

Member's Signature

Parent's Signature (if Member is a minor)

Printed Name

Printed Name

Date

Date

Office Use: Date: _____ Member ID#: _____ Key ID: _____ Entered By: _____			
Uploaded to Website? ____ Yes ____ No. Tivity or AshLink? Insurance # _____			
Sent to Data Entry: _____ Data Entry completed: _____			Please file immediately



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Release Form

Read Carefully and Understand Before Signing

1. In consideration of gaining membership or being allowed to participate in the activities and programs of Extreme Fitness Center, LLC and to use the facilities, equipment, and machinery in addition to the payment of any fee or charge, I do hereby waive, release and forever discharge Extreme Fitness Center, LLC and its officers, agent, employees, representatives, executors, owners and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities at said facility. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or admission of any of those mentioned or others acting on their behalf or any way arising out of or connected with my participation in any activities of Extreme Fitness Center, LLC or the use of any equipment at 14366 US HWY 190 West Onalaska, TX 77360 (Initial _____)
2. I understand and am aware that strength, flexibility, and aerobic exercise, including the use of equipment, are a potentially hazardous activity. I also understand that fitness activities involve risk of injury or even death and that I am voluntarily participating in these activities and using the equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death. (Initial _____)
3. I do hereby declare myself physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation in any of the activities and programs offered by Extreme Fitness center, LLC or use of equipment or machinery expect as hereinafter stated. I do hereby acknowledge I have been informed of the need for a physician's approval for my participation in an exercise/fitness activity or in the use of exercise equipment or machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise and the use exercise and training equipment use. I acknowledge that I have either had a physical examination and have been given a physician's permission to participate, or that I have decided to participate in activity and/or use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities (Initial _____)

Read Carefully and Understand Before Signing:

Releaser's Signature

Parent's Signature, if member is a minor

Printed Name

Printed Name

Date



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Automatic ACH Transfer Authorization
\$35.00 fee on all return bank drafts

____ Set Up New Transfer ____ Change Existing Transfer ____ Delete Existing Transfer

Drafts will be done once a month: ____ 5th day or ____ 20th day

From Account:

Name on Account: _____ Checking

Bank Name/City: _____ Saving

Bank Routing Number: _____

Bank Account Number: _____ Tax ID: _____

Note: If the option falls on a non-business day, the transfer will be made on the previous or next business day.

To Account:

Extreme Fitness Center, LLC

Amount: \$ _____ Start Date: _____ End Date: _____

It is understood that anytime the transfer is to be made and there are insufficient funds to process the transaction, First National Bank has the right to cancel this membership.

It is understood that after your yearend date will continue to draft monthly until you provide a 10 day Notification to cancel your membership.

Authorized Signature

Printed Name

Date

First National Bank Use Only:

Accepted by: _____ Branch: _____ Date: _____