

FITNESS SOURCE

Registration Form

I, the undersigned ("Participant"), hereby register as a member of the Fitness Source health and wellness center, operated by Saint Luke's Hospital of Kansas City, located at 320 E. 12th Street, Kansas City, MO 64106. To become a member I hereby agree as follows:

1. I understand the nature and purpose of the Fitness Source program and am aware that any strenuous physical activity involves certain risks. I hereby assume the risk of any and all accidents or injuries of any kind, which may be sustained by me by reason or in connection with my participation. I hereby release, discharge and absolve Fitness Source and the City of Kansas City, Missouri, their agents and employees from any and all liability or responsibility for any such accident or injury except to the extent such accident or injury is caused by or result from negligence or willful misconduct of Fitness Source, its agents or employees. **(Please Initial _____)**
2. I am aware that I must complete a **Health History Questionnaire** satisfying the Fitness Source requirements and may need to obtain a physician's release prior to my participation in the program. **(Please Initial _____)**
3. I understand there is a non-refundable, non-transferable enrollment fee for becoming a member and this fee is due upon joining. Should I cancel my membership and rejoin within 3 months, the enrollment fee will be waived. The payment options and terms have been explained to me. I am aware that non-payment of dues is cause for termination of my membership and I am obligated to pay such dues until I notify Fitness Source in writing of my resignation 30 days prior to my desired termination date. **I understand there is a 30-day written termination notice. (Please Initial _____)**
4. I understand that if I am issued a Fitness Source member identification card it is my responsibility to return the card upon cancellation. If my **card is lost or not returned**, I will owe a **\$10 replacement fee** payable to Fitness Source. **(Please Initial _____)**

Signature _____ Date _____

GENERAL INFORMATION

First Name (print clearly): _____ Last Name: _____ Middle: _____

Home Address: _____ City: _____ ST: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Email: _____

Date of Birth: ____ / ____ / ____ Gender: Male or Female

Employer's Name: _____

How did you hear about Fitness Source? _____ Employer _____ Co-worker _____ Friend (print name)
_____ Worksite event _____ Newspaper _____ Health Ins. Plan _____ Residency _____ Bus
_____ Other, please list: _____

If referred to Fitness Source by current member, please tell us his or her name: _____

EMERGENCY CONTACT

Name (print clearly): _____ Relationship: _____

Phone: (____) _____ Alt. Phone: (____) _____

OFFICE USE ONLY

Membership Type: KCMO City Employee _____ Community _____ Corporate _____ Fire Fighter _____

Dues: Initiation Fee: \$ _____ Monthly Dues: \$ _____ Payment Option: Check one

Date to Begin Membership: ____ / ____ / ____ KCMO-Payroll Deduct _____ EFT _____ Credit Charge _____

Fees Collected: Initiation Fee: \$ _____ Date Paid: ____ / ____ / ____ Monthly Dues: \$ _____ Date Paid: ____ / ____ / ____

Notes: _____