



MEMBERSHIP APPLICATION

(Please Print)

Dr. Mr. Mrs. Ms. Miss

Name _____
(First) (M.I.) (Last)

Date of Birth ____/____/____

Home Address _____

City _____ State _____ Zip _____

Employer _____ Email _____

Home Phone _____ Cell Phone _____ Work Phone _____

Emergency Contact _____ Contact's Phone _____

FAMILY MEMBERSHIP INFORMATION (fill out only if applying for a family membership)

Dr. Mr. Mrs. Ms.

Spouse's Name _____

Date of Birth ____/____/____
(First) (M.I.) (Last)

Spouse's Employer _____ Work Phone (____) _____

E-mail Address _____ Cell Phone (____) _____

Emergency Contact _____ Contact's Phone _____

DEPENDENT INFORMATION (Dependent must be 15 years of age or older for unsupervised use of the club.)

Name	Date of Birth	Gender	Charge Privilege
_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No
_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No
_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No
_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No

BILLING INFORMATION

I understand that my dues and Club charges will be paid automatically by bank draft or credit card. A statement will be mailed to me on or around the 1st of the month. The entire balance will be automatically drafted on the 10th of the month. If, at some time, I want to cancel my membership, I will be responsible for all dues and charges incurred through the termination date.

I hereby authorize the LRAC to charge one of the following for my club payments:

CHECKING ACCOUNT AMERICAN EXPRESS VISA MASTERCARD DISCOVER

Please note: You must stop by the Club in order to present your ID and draft source.

SIGNATURE

DATE

Membership Agreement

Policies and Guidelines

In accordance with my decision to join the Little Rock Athletic Club, I hereby acknowledge that I have received a copy of the Club's policies and guidelines (*Memberships and Club Usage and Your Children and the Club*), have reviewed them with all individuals that are part of my membership and I/we agree to abide by the policies outlined therein. I understand that these are subject to change at the discretion of LRAC management. Additionally, I agree to accept full responsibility for the safety and well-being of my children and their guests and agree to maintain control and discipline over them while they are at the LRAC.

Physical Readiness Questionnaire (PAR-Q)

I further acknowledge that I have had the opportunity to review a PAR-Q and that all resulting questions were answered to my full satisfaction, including any about other people listed on my membership.

Resignation

I recognize that I may resign my membership by submitting a 30 day written notice to the Membership Office and bringing my account balance to zero.

Termination

I understand that failure to pay dues or other indebtedness within 90 days of the billing date may subject me to termination of my membership. Once my membership is cancelled, I may rejoin at a future date by paying the joining fee in effect at that date and all past due charges.

Waiver of Liability

The facilities and activity programs offered by the Little Rock Athletic Club (LRAC) have been designed and established to provide the optimum level of beneficial exercise and enjoyment without compromising the health or safety of the Members or guests who utilize the facilities or participate in its activities. Because of the nature of the programs made available at the LRAC and the equipment which is an integral part of many of these activities, there is an inherent risk of injury which

characterizes any exercise activity resulting in a practical limitation placed on the LRAC in its efforts to prevent injuries to participants, whether actively participating in exercises, utilizing the equipment, or taking advantage of the various other facilities at the LRAC. The undersigned, personally and on behalf of each individual who is a part of this membership, acknowledges their individual responsibility to ensure that the facilities and the equipment are utilized in a proper manner so that those inherent risks which exist under the control of the LRAC as well as those outside the control of the LRAC and partially within the control of each individual participant are minimized by each participant's thoughtful and cautious use of both the equipment and the facilities in general.

In consideration of the above factors, the undersigned participant, personally and on behalf of each individual who is a part of this membership, acknowledges the existence of risk in connection with these activities, assumes such risk and agrees to accept the responsibility for any injuries sustained by any individual who is a part of this membership in the course of such persons's use of the facilities and/or its equipment. More specifically, the participant, personally and on behalf of each individual who is a part of this membership, acknowledges and accepts responsibility for injuries arising out of those activities which involve risk in one or more of the following areas:

- (a) The use of exercise equipment;
- (b) Participation in the unsupervised activities which are made available at the LRAC in the swimming pool, on the running track, in the gym and in other individual or group exercise activities;
- (c) Possible injuries or medical disorders arising from exercising at the facilities, such as heart attack, stroke, heat stress, sprains, broken bones, torn muscles, etc.;
- (d) Accidents which occur within the facilities provided by the LRAC such as the locker rooms, steam room, dressing rooms and showers.



I hereby acknowledge that all information provided by me is accurate and that I have read and understand the preceding prior to signing and agree to all terms outlined above. I further acknowledge that I am signing both personally and on behalf of each individual who is a part of this membership.

MEMBER SIGNATURE _____

DATE _____

LRAC MEMBERSHIP REPRESENTATIVE _____

DATE _____

For Office Use Only

Club Rep. _____

Member # _____

Date Joined _____

Membership Type _____



PAR-Q

Physical Activity Readiness Questionnaire

Congratulations on choosing to improve your life and health at the Little Rock Athletic Club. For most people, increasing their level of physical activity is very safe; however, some people should check with their doctor before beginning or intensifying an exercise program. This PAR-Q is designed to help you determine whether you or an individual that is part of your membership should consult with a physician prior to making any changes. Common sense is your best guide when answering the following questions. Please read them carefully and answer each one honestly.

YES NO

- | | | |
|-----------------------|-----------------------|--|
| <input type="radio"/> | <input type="radio"/> | 1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? |
| <input type="radio"/> | <input type="radio"/> | 2. Do you feel pain in your chest when you do physical activity? |
| <input type="radio"/> | <input type="radio"/> | 3. In the past month, have you had chest pain when you were not doing physical activity? |
| <input type="radio"/> | <input type="radio"/> | 4. Do you lose your balance because of dizziness or do you ever lose consciousness? |
| <input type="radio"/> | <input type="radio"/> | 5. Do you have a bone or joint problem (for example, arthritis or back, knee or hip pain) that could be made worse by a change in your physical activity? |
| <input type="radio"/> | <input type="radio"/> | 6. Do you have reason to believe your blood pressure is high? |
| <input type="radio"/> | <input type="radio"/> | 7. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition? |
| <input type="radio"/> | <input type="radio"/> | 8. Are you over age 65 and not accustomed to vigorous exercise? |
| <input type="radio"/> | <input type="radio"/> | 9. Do you know of any other reason why you should not do physical activity? |

If you answered **YES** to one or more of the questions, talk with your physician **BEFORE** beginning or intensifying an exercise program. Tell your doctor about the PAR-Q and which questions you answered YES. You may be able to do any activity you want - as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.

If you answered **NO** to all nine questions, you can be reasonably sure that you can begin or intensify an exercise program. However, be safe — begin slowly and build up gradually.

DELAY beginning or intensifying an exercise program:

- If you are not feeling well because of a temporary illness such as a cold or a fever — wait until you feel better; or
- If you are or may be pregnant — talk to your doctor about exercising while pregnant.

Please **NOTE**: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.