

**NEW YORK CHIROPRACTIC COLLEGE HEALTH & FITNESS CENTER  
MEMBERSHIP APPLICATION/AGREEMENT**

MEMBERSHIP TYPE \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

CIRCLE ONE: NEW RENEWAL

APPLICANT NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
(Please Print) Last First M.I.

ADDRESS: \_\_\_\_\_ TELEPHONE:HOME \_\_\_\_\_

\_\_\_\_\_ WORK \_\_\_\_\_

(IF STAFF/FACULTY- DEPARTMENT NAME \_\_\_\_\_ CELL: \_\_\_\_\_

FAMILY OF STUDENT / STUDENTS CAMPUS BOX #: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**FOR HEALTH & FITNESS CENTER MEMBERSHIP APPLICANTS ONLY:**  
HAVE YOU EVER OR ARE YOU CURRENTLY ATTENDING CARDIAC REHAB? YES \_\_\_\_\_ NO \_\_\_\_\_

**FACILITY ORIENTATION** - YES \_\_\_\_\_ NO \_\_\_\_\_

**FOR FAMILY MEMBERSHIPS ONLY:** LIST YOUR FAMILY MEMBERS BELOW

SPOUSE'S NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

CHILDREN: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_ CHILDREN: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

\_\_\_\_\_ BIRTH DATE: \_\_\_\_\_ CHILDREN: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

\_\_\_\_\_ BIRTH DATE: \_\_\_\_\_ CHILDREN: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

**IN CASE OF EMERGENCY, NOTIFY:**

PHYSICIAN: NAME \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ADDITIONAL: NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

I, \_\_\_\_\_ on behalf of the above named, hereby apply for Community Membership to the New York Chiropractic College Health & Fitness Center. In doing so, I understand and agree that:

*\* Applications are subject to approval; \* Membership cards are not transferable; \* Membership privileges may be revoked for misconduct; \*Membership fees are non-refundable; \* It is my/our obligation to become familiar with Health & Fitness Center Policies and Procedures*

The above named applicant(s) registering for Community Membership are doing so with the understanding that certain activities require a minimum level of fitness and health (physical, mental and emotional) and each person has a different capacity for participating in these activities.

The above named applicant warrants being physically fit to participate and understands the choice to participate brings with it the assumption of those risks and results which are part of their participation.

They furthermore waive and release the New York Chiropractic College and their staff from all liability for injuries, which may occur while utilizing the Health & Fitness Center and will hold the New York Chiropractic College and its staff harmless for all medical expenses incurred.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**FOR OFFICE USE ONLY: PAYMENT INFORMATION**

DATE-----	DATE-----	DATE-----
PAID IN FULL----- PAYMENT PLAN----	PAID IN FULL----- PAYMENT PLAN----	PAID IN FULL----- PAYMENT PLAN----
CC#-----	CC-----	CC-----
CK----- CASH-----	CK----- CASH-----	CK----- CASH-----
AMT. PAID-----	AMT. PAID-----	AMT. PAID-----
RECPT. #----- BAL.-----	RECPT. #----- BAL.-----	RECPT. #----- BAL.-----