

**Membership Application**  
**S.W.C. Sports Performance Center**

3933 Perkiomen Avenue / Reading, PA 19606 / 610-401-0365 / www.spineandwellness.org

*Please fill in all appropriate spaces and sign the waiver on the back of this form. If you are a first time registrant you must show valid proof of residency (i.e. Driver's license, current tax bill, vehicle registration, or utility bill) when registering. **Payment is due at the time of registration.***  
 The SWC Training Facility is a limited Private gym membership. You must be a patient or be invited by Dr. Borja to be a member. We do limit our training facility to no more than 75 members at one time.

Date \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Work Phone(\_\_\_\_) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Phone (\_\_\_\_) \_\_\_\_\_

Birthdate (mm/dd/yy) \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Email Address \_\_\_\_\_

New Member Orientation?  Yes  No

**Valid form of I.D.**

Current Pennsylvania Driver's License  Vehicle Registration Receipt  Student or Military ID

<b>Gym Membership</b>	
<b>Drop in (daily)</b>	<input type="checkbox"/> \$8
<b>High School Student Monthly Membership</b> <small>(must show Student ID)</small>	<input type="checkbox"/> \$10
<b>Military</b> <small>(Active or retired)</small> <b>Monthly Membership</b> <small>(must show military ID)</small>	<input type="checkbox"/> \$20
<b>College Student Monthly Membership</b> <small>(must show Student ID)</small>	<input type="checkbox"/> \$20
<b>Standard Monthly Membership</b>	<input type="checkbox"/> \$30
<b>Monthly Group Classes (includes all classes)</b>	
<b>Drop in</b>	<input type="checkbox"/> \$8
<b>Monthly includes Gym Membership</b>	<input type="checkbox"/> \$50
<b>Gym Membership with Body Re-Volt</b>	<input type="checkbox"/> \$99

(This form **MUST** be turned in with a signature. Forms without signatures will not be processed)

<u>Payment Authorization Agreement:</u>	
Membership Number _____	
Payment Method _____ Cash _____ Check(____) number _____ Credit Card	
Credit Card Number _____ Exp. Date _____	

OFFICE USE ONLY  
 Amount Paid \_\_\_\_\_ Expiration Date \_\_\_\_\_

Staff Initials/Date
---------------------

**Membership Application**  
**S.W.C. Sports Performance Center**

3933 Perkiomen Avenue / Reading, PA 19606 / 610-401-0365 / www.spineandwellness.org

Health History

Family Physician \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Allergies \_\_\_\_\_ Blood Type \_\_\_\_\_

Please indicate if you have ever experienced any of the following conditions:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Heart Attack                | <input type="checkbox"/> Back or spinal injury               | <input type="checkbox"/> High blood pressure <small>(145/95)</small> |
| <input type="checkbox"/> High cholesterol (over 250) | <input type="checkbox"/> Diabetes (using medication)         | <input type="checkbox"/> Abnormal EKG                                |
| <input type="checkbox"/> Hardening of the arteries   | <input type="checkbox"/> Heart disease                       | <input type="checkbox"/> Medications for the heart                   |
| <input type="checkbox"/> Stroke                      | <input type="checkbox"/> Medications for high blood pressure |  |

Other important medical information \_\_\_\_\_

I realize that my answers to the above and following questions will be considered by the Spine and Wellness Center in determining whether I shall be permitted to participate in certain programs offered by the department and accordingly I certify that such answers are true and correct and in the event that any such answers should prove to be untrue, I release the Spine and Wellness Center from any and all liability, loss, costs, damage and expenses resulting from its reliance thereof.

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

**Refund Policy** - memberships are nonrefundable unless you meet the requirements for one of the two exceptions: 1. a written doctor's note stating you are unable to use the fitness center or 2. Proof of relocation outside of 20 miles from the Spine and Wellness Center.

**SUSPENSION/TERMINATION OF MEMBERSHIP BY MANAGEMENT.** Management has the right to suspend and/or terminate any membership for non Payment of dues, fees, or for behavior inimical to the enjoyment of the Spine and Wellness Center or by other members and staff for any reason deemed sufficient in the sole discretion of Management. In the event of suspension or termination, membership fees are non-refundable.

**The Spine and Wellness Center -- PARTICIPANT AGREEMENT** - NOTE: this agreement must be signed by all adult participants and must also be signed by a parent or guardian of any minor seeking to participate in any recreation department programs or activities.

**WARNING OF RISK**

Despite the implementation of all reasonable precautions by the Department, an unavoidable risk of serious injury will always exist when participating in any recreational activity. Not all hazards and dangers can be foreseen. Participants and parents/guardians of minor participants must understand that certain risks and hazards will be inherent to participation in that activity, including but not limited to risks and hazards associated with inclement weather, slip and falls, overexertion and fatigue, disregarding safety rules and instructions, collision with stationary objects or other participants, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating. Accordingly, the Department hereby informs all participants and parents/guardians of minor participants that it is impossible for the Spine and Wellness Center to guarantee absolute safety for all program and activity participants.

**WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK**

I acknowledge and assume the risks of property damage, accidents, injuries (including death), loss of bodily functions, disabilities, medical disorders, pain and suffering, lost income and medical expenses that arise from participation in any program or activity offered by the Department, and my use of facilities, transportation services, premises and equipment provided by the Department. I further acknowledge that the foregoing risks may arise from my own action or inaction, the actions or inaction of other program or activity participants, the conditions under which a program or activity is conducted, or from the negligent actions or inaction (including any failure to warn) of Department personnel, contractors or service providers. **I also acknowledge that from time to time, the Spine and Wellness Center and/or the Department may take photographs of me participating in programs or activities offered by the Department for use and publication in various publications or media, including but not limited to the Spine and Wellness Center. Website, department program brochures or materials, and Spine and Wellness Center or Department informational, promotional or marketing materials, and I hereby expressly grant to the Spine and Wellness Center/Borja Inc. and the Department the right to use and publish such photographs as contemplated herein, all without compensation or payment for such use and publication.** In consideration of being allowed to participate in programs or activities offered by the Department, I hereby release, waive and discharge the Spine and Wellness Center and its officers, officials, employees, agents, volunteers and contractors (collectively, the "Releasees") from any and all liability and all claims of any kind whether for personal injury, property damage or death, arising from participation in any activity or program offered by the Department, or arising from the use or publication by Releasees of photographs of me participating in programs or activities offered by the Department, whether or not caused by the negligence of the Releasees or any of them and further covenant that I shall not sue any of the Releasees with respect to any such liability or claims. In the event that I or anyone else nonetheless makes a claim or files suit against Releasees arising out of any of the above described matters, I will indemnify and hold Releasees harmless of and from any and all damages or judgments and costs of litigation, including attorney fees. The provisions hereof are to be construed as broadly as possible in favor of Releasees, and this Agreement as a whole shall be governed by the laws of the State of Pennsylvania (without reference to the conflicts of laws rules thereof). If any part of this Agreement shall be ruled invalid by a court having jurisdiction, the balance shall be enforced to the maximum possible extent. I am signing this Agreement freely and voluntarily, having read and understood it and with a full opportunity to consider its substance and with the intention of fully and unconditionally assuming the risks and releasing the liabilities as described above in this Agreement.

\_\_\_\_\_  
Date Printed Participant Name Participant Signature

**REQUIRED PARENT/GUARDIAN SIGNATURE FOR MINOR PARTICIPANTS**

I am the parent or legal guardian of \_\_\_\_\_, and I am registering \_\_\_\_\_ to participate in a program or activity offered by the Spine and Wellness Center. I have read and reviewed this Agreement, and am voluntarily signing it on behalf of my child/ward \_\_\_\_\_, in my capacity as parent and legal guardian. By signing below, I am agreeing on behalf of my child/ward to be bound along with my child/ward by all terms and conditions of this Agreement as set forth above, including but expressly not limited to those terms and conditions pertaining to the **taking of photographs of program and activity participants, the use and publication of such photographs and the release of all claims associated therewith.**

\_\_\_\_\_  
Date Printed Parent/Guardian Name Parent/Guardian Signature