Northeast College of Health Sciences
FORMERLY 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 ________

FOR FAMILY MEMBERSHIPS LIST FAMILY MEMBERS: SPOUSE'S NAME: ______________________BIRTH DATE: ____________

CHILDREN:_________________________BIRTH DATE: ______________ CHILDREN: ________________________BIRTH DATE: ____________

CHILDREN_________________________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 at the Northeast College of Health Sciences 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 Northeast College of Health Sciences and their staff from all liability for injuries, which may occur while utilizing the Health & Fitness Center and will hold the Northeast College of Health Sciences 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.-------