



ENROLLMENT

ROCK SOLID FITNESS

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RSF Start Date: _____ Class: ___ 5:45 a.m. ___ 6:45 a.m. ___ 7:45 a.m. class

Name: _____ Email Address: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Age: ___ Birthdate: _____ Occupation: _____ Special Interests: _____

Emergency Contact: _____ Phone: _____

How did you first learn of Rock Solid SF?

___ Flyer (where? _____) ___ Walk-by ___ Word-of-Mouth ___ Internet Search ___ Other (what? _____)

Fees: _____ \$ 50 - One-time commitment Fee (waived with non-refundable 2-month advance payment)
5 days/ week _____ \$195 Per month
3 days/ week _____ \$175 Per month
Alt. Sched. _____ \$ ___ Per month, prorated at \$75/ week or \$25/ class, for ___ weeks or ___ classes/ week.

To Be Paid: _____ By check or cash. Please submit your monthly payment by the 25th of the previous month.
_____ Direct Debit from Charge Card. Read and authorize below.

Monthly Direct Debit:

- I authorize Integrated Jay Mercado Studio., an agent for Rock Solid SF to automatically debit my charge card in the amount checked above for a minimum of one month (EFT-Electronic Funds Transfer).
- After one (1) month, I understand that I remain a member of Rock Solid SF and my monthly EFT debits will continue until I submit a Rock Solid SF cancellation form.
- I realize that an additional fee of \$10/month will be assessed if funds are not available for withdrawal, including but not limited to insufficient funds, closed accounts, credit card declines or changes to my account.
- I realize that I am responsible for keeping my account information current. I understand if my account becomes delinquent, my membership will be canceled.
- If I choose to terminate my membership after my one (1) month minimum, I must do so before the 20th of the month to avoid any further billings by completing a cancellation form.
- It is my responsibility to notify Rock Solid SF of any account/ billing problems within 30 days of the occurrence.
- Account adjustments will not exceed 90 days.
- No refunds will be issued after the first day of the month regardless of my number of visitations. I understand that up to the first 1-1/2 months are payable at the time of registration.
- I understand I must complete a cancellation form to terminate my membership and stop billing to my account.

Credit Card/ Debit Card/ Check Card Authorization:

I authorize my ___ Mastercard ___ VISA

\$ _____ initiation/commitment fee, plus \$ _____ /month for my membership fees.

Credit Card # _____ - _____ - _____ - _____ Exp. Date: _____ / _____

Name on the card: _____

Billing address (if different from above): _____

Signature: _____ **Date:** _____

Physical Activity Screening

Regular physical activity is fun and healthy for most people safe. However, some individuals may have health related risks that might require them to check with their physician prior to starting an exercise program. To help determine if there is a need for you to see your physician before starting an exercise program, please answer the following questions. All information will be kept confidential.

1. Has your physician ever told you that you have a heart condition? Yes No
2. Do you experience pain in your chest when you are physically active? Yes No
3. In the past month, have you experienced chest pain when not performing physical activity? Yes No
4. Do you lose balance because of dizziness or do you ever lose consciousness? Yes No
5. Do you have a bone or joint problem that could be aggravated by a change in your physical activity? Yes No
6. Is your physician currently prescribing medications for your blood pressure or heart condition? Yes No
7. Do you know of any other reason why you should not participate in a program of physical activity? Yes No

If you answered yes to any of the above questions, it is recommended that you consult with your physician before having a fitness test or participating in a physical activity program.

General Health History

1. Do you now have or have you had in the past?

Diabetes Hernia Stroke Seizures Asthma
 Kidney disease Numbness Allergies Cigarette smoking habit

2. Are you pregnant? Yes No

3. Please explain any limitations:

Head _____	Back _____
Neck _____	Hips _____
Shoulder _____	Shin _____
Elbow _____	Ankle _____
Wrist _____	Knee _____

4. Current Medications: _____

Fitness Goals

1. Please describe your primary reasons for wanting to participate in an exercise program.

2. What are your expectations from participating in an exercise program after:

30 days: _____

90 days: _____

1 year: _____

3. What barriers might arise that would hinder your ability to exercise and thereby make achieving your goals difficult? _____

4. What can your trainer do to help you achieve your goals? _____

5. What types of activities interest you the most?

<input type="checkbox"/> Group events	<input type="checkbox"/> Team sports	<input type="checkbox"/> Aerobic routines	<input type="checkbox"/> Hiking
<input type="checkbox"/> Gyms/equipment	<input type="checkbox"/> Weight lifting	<input type="checkbox"/> Outdoor activities	<input type="checkbox"/> Biking

___ Martial Arts
___ Routine

___ Competitions/races

___ Running

___ Variety

Activity Release Agreement

I am voluntarily participating in an athletic activity with ROCK SOLID FITNESS with full knowledge and understanding and appreciation of the risks of injury inherent in any physical exercise, massage or therapy program, physical activity or athletic activity and expressly assume all risks of injury and even death which could occur by reason of my participation. I release club and trainer from any liability and agree not to sue club or trainer with respect to any cause of action for bodily injury, property, damage, or death occurring to me as a result of my participation in the activity.

In consideration of the use of the property, facilities, services, programs, activities and events provided by ROCK SOLID SF, including any travel related thereto, the undersigned agrees as follows:

- 1. RISK FACTORS. The undersigned understands and acknowledges that the use of equipment and facilities provided by ROCK SOLID SF and participation in Fitness Programs, Physical Sports, Weight and Cardiovascular training, Adventures, and any other programs and services provided or sponsored by ROCK SOLID SF and related travel involves risk such as, but not limited to, the following which might result from the use of the equipment or facilities, from the activity itself, from the acts of others, or from the unavailability of emergency medical care: RISK OF PROPERTY DAMAGE, BODILY INJURY, AND POSSIBLY DEATH.
- 2. ASSUMPTION OF THE RISK. The undersigned ASSUMES ALL RISKS WHICH ARE FORESEEABLE AND INVOLVED WITH OR ARISE OUT OF THE USE OF THE EQUIPMENT OR FACILITIES, THE ACTIVITY ITSELF, THE ACTS OF OTHERS, OR THE UNAVAILABILITY OF EMERGENCY CARE, including but not limited to, those RISK FACTORS described in Section 1 above.
- 3. PREREQUISITE SKILLS AND TRAINING. The undersigned acknowledges that he or she has the requisite skills, qualifications, physical ability and training necessary to properly and safely use the equipment and facilities and to participate in the activity itself. The undersigned agrees that if he or she has any questions as to what skills, qualifications or training is necessary to properly use the equipment, facility, or participate in the activity itself, then they shall direct such questions to the appropriate Staff Member on site.
- 5. RELEASE. The undersigned RELEASES ROCK SOLID, and all of their employees and agents and agrees NOT TO SUE them on account of or in conjunction with any claims, causes of action, injuries, damage, or cost of expenses arising out of the activity, including those based on death, bodily injury or property damage whether or not caused by the negligence or other fault of the parties being released.
- 6. WAIVER. The undersigned waives the protection afforded by any statute or law in any jurisdiction including California Code 1542 whose purpose, substance and/or effect is to provide that a general release shall not extend to claims, material or otherwise which the person giving the release does not know of suspect to exist at the time of executing the release. This means, in part, that the undersigned is releasing unknown future claims.

I understand all personal property brought to exercise location, is brought at my sole risk as to theft, damage or loss.

Participant Signature: _____ Date: _____