



NCMC Fitness
501 South Pine Street
Vivian, LA 71082
Phone: 318-375-2266
Fax:318-375-2267

Membership Types

SINGLE

Single paid Monthly- \$30.00 (credit/debit card only)

Prepaid 6 months-\$27.00 (\$162.00 paid upfront by check or credit/debit card)

Prepaid 12 months-\$24.00 (\$288.00 paid upfront by check or credit/debit card)

FAMILY

(Spouses & children, ages 12-24, that live in the same household.)

Family paid Monthly- \$50.00 (credit/debit card only)

Prepaid 6 months- \$45.00 (\$270.00 paid upfront by check or credit/debit card)

Prepaid 12 months- \$40.00 (\$480.00 paid upfront by check or credit/debit card)

North Caddo Medical Center

Employee Single- \$24.00 (payroll deduction form must be filled out)

Employee Family- \$40.00 (payroll deduction form must be filled out)



Date: _____

Primary Member

Last Name: _____ First: _____ Pin #: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Cell: _____ Phone: _____

Male: ____ Female: ____ Date of Birth: _____

Family #2

Last Name: _____ First: _____ Pin #: _____

Email: _____ Cell: _____ Phone: _____

Male: ____ Female: ____ Date of Birth: _____

Family #3

Last Name: _____ First: _____ Pin #: _____

Email: _____ Cell: _____ Phone: _____

Male: ____ Female: ____ Date of Birth: _____

Family #4

Last Name: _____ First: _____ Pin #: _____

Email: _____ Cell: _____ Phone: _____

Male: ____ Female: ____ Date of Birth: _____

Family #5

Last Name: _____ First: _____ Pin #: _____

Email: _____ Cell: _____ Phone: _____

Male: ____ Female: ____ Date of Birth: _____

Emergency Contact Information

In case of an emergency, contact –

Name: _____ Relationship: _____

Phone: _____ Address: _____



Membership

Single

_____ Monthly _____ 6 Months Prepaid _____ 12 Months Prepaid

Couple

_____ Monthly _____ 6 Months Prepaid _____ 12 Months Prepaid

Insurance

_____ Silver Sneaker _____ Prime

NCMC Employee

_____ NCMC Employee Single _____ NCMC Employee Family

I was referred by: _____

Payment Method

Credit Card Charges

I, _____, agree to the ___ reoccurring monthly charge or ___ onetime charge of _____ to my credit card.

Card Number: _____ Exp. Date: _____ Security Code: _____

Zip Code: _____ Signature: _____

Prepaid Payment Method

Amount Paid: \$ _____ Check (Check # _____)

NCMC Fitness Employee Signature: _____ Date: _____

Insurance

Silver Sneakers

Member ID #: _____

(Attach Copy of Insurance Card)

PRIME

Member ID # _____

(Attach Copy of Insurance Card)

NCMC Employees

Employee # _____

I, _____, agree to pay the reoccurring monthly charge of _____ through payroll deduction if I do not attend the fitness center 12 or more times a month.

Signature: _____ Date: _____



Medical Information

Do you now or have you had in the past:

#	Condition/History	Yes	No
1	History of heart problems, chest pain or stroke?		
2	Increased blood pressure?		
3	Any chronic illness or condition?		
4	Difficulty with physical exercise?		
5	Advice from a physician not to exercise?		
6	Recent surgery(last 12 months)?		
7	Pregnancy(now or within the last 3 months)?		
8	History of breathing or lung problems?		
9	Muscle, joint or back disorder, or any previous injury still affecting you?		
10	Diabetes or thyroid condition?		
11	Cigarette smoking habit?		
12	Obesity?		
13	History of heart problems in immediate family?		
14	Hernia or any condition that may be aggravated by lifting weights?		

Family #2

#	Condition/History	Yes	No
1	History of heart problems, chest pain or stroke?		
2	Increased blood pressure?		
3	Any chronic illness or condition?		
4	Difficulty with physical exercise?		
5	Advice from a physician not to exercise?		
6	Recent surgery(last 12 months)?		
7	Pregnancy(now or within the last 3 months)?		
8	History of breathing or lung problems?		
9	Muscle, joint or back disorder, or any previous injury still affecting you?		
10	Diabetes or thyroid condition?		
11	Cigarette smoking habit?		
12	Obesity?		
13	History of heart problems in immediate family?		
14	Hernia or any condition that may be aggravated by lifting weights?		



Family #3

#	Condition/History	Yes	No
1	History of heart problems, chest pain or stroke?		
2	Increased blood pressure?		
3	Any chronic illness or condition?		
4	Difficulty with physical exercise?		
5	Advice from a physician not to exercise?		
6	Recent surgery(last 12 months)?		
7	Pregnancy(now or within the last 3 months)?		
8	History of breathing or lung problems?		
9	Muscle, joint or back disorder, or any previous injury still affecting you?		
10	Diabetes or thyroid condition?		
11	Cigarette smoking habit?		
12	Obesity?		
13	History of heart problems in immediate family?		
14	Hernia or any condition that may be aggravated by lifting weights?		

Family #4

#	Condition/History	Yes	No
1	History of heart problems, chest pain or stroke?		
2	Increased blood pressure?		
3	Any chronic illness or condition?		
4	Difficulty with physical exercise?		
5	Advice from a physician not to exercise?		
6	Recent surgery(last 12 months)?		
7	Pregnancy(now or within the last 3 months)?		
8	History of breathing or lung problems?		
9	Muscle, joint or back disorder, or any previous injury still affecting you?		
10	Diabetes or thyroid condition?		
11	Cigarette smoking habit?		
12	Obesity?		
13	History of heart problems in immediate family?		
14	Hernia or any condition that may be aggravated by lifting weights?		



Family #5

#	Condition/History	Yes	No
1	History of heart problems, chest pain or stroke?		
2	Increased blood pressure?		
3	Any chronic illness or condition?		
4	Difficulty with physical exercise?		
5	Advice from a physician not to exercise?		
6	Recent surgery(last 12 months)?		
7	Pregnancy(now or within the last 3 months)?		
8	History of breathing or lung problems?		
9	Muscle, joint or back disorder, or any previous injury still affecting you?		
10	Diabetes or thyroid condition?		
11	Cigarette smoking habit?		
12	Obesity?		
13	History of heart problems in immediate family?		
14	Hernia or any condition that may be aggravated by lifting weights?		

I hereby affirm that the above answers are true and correct and acknowledge that it is my responsibility to notify the Fitness Center in writing if any of the information should change at any time during my membership.

Signature of Primary Member: _____ Date: _____



Fitness Center Rules and Regulations

- Profanity, vulgarity or unapproved music in the fitness room is prohibited and will result in a suspended membership.
- Personal music may be used as long as headphones are used and they do not cause any hazard or nuisance to other users.
- Proper workout attire is required.
- Horseplay, profanity, racist or sexist comments will not be tolerated in this facility. Any individual displaying these types of behaviors will be asked to leave immediately and may be subject to suspension.
- Any fitness Center member who conducts themselves in an unbecoming manner or who knowingly violates any of the membership rules may be denied service and or access to the Fitness Center or may have their membership suspended or forfeited.
- Use the disinfectant and towels to wipe equipment clean before moving to another station.
- Do not drop weights, dumbbell or bars
- Members are to return dumbbells, weight plates, bars and other equipment to their correct location in the weight room.
- All members must have a signed medical waiver.
- Students under the age of 18 must have their enrollment package signed by a parent or legal guardian.
- No smoking or use of tobacco is allowed. No alcohol or controlled substance are allowed.
- No animals are allowed in the facility.
- Cell phone use is limited for use in reception area only.
- If agreed payments are not met, membership will be terminated and reinstatement fees will be applied.
- Payments are due by the 1st of every month. If you are not up to date on your payments the door will not open for you.
- Under **NO CIRCUMSTANCES** should you bring someone into the gym with you after hours that is not a member.
- Day passes are only available during office hours (7:00am-3:30am). These forms are for non-members that come with paying members. Non-members are to fill out a form, have their parent or guardian sign it if they are under 18, and pay \$5.00 (per person) If you do not follow these rules, we reserve the right to terminate you indefinitely. Remember you are on camera.
- If you are late paying your bill the door will not open for you. You will need to come back during office hours. Office hours are Monday-Friday 7:00am-3:30pm. If you cannot make it during those hours, please call the gym office, and we can arrange for you to come pay.
- Do not exit out of the double doors unless there is an emergency. The alarm will go off.
- Youth 12-14 can work out on machines with parents present.
- Youth 15-17 can work out with a guardian signature.
- If you break any rules, there is a \$20.00 reinstatement fee that will have to be paid before you can return to the gym, for each rule that is broken.
- Put everything back where you found it, and do not slam the weights. Please do not abuse the equipment.
- Remember that you are on camera.



Waiver of Liability Claim

It is expressly agreed that by completing this guest registration that all activities and use of all facilities that shall be undertaken by you will be at your sole risk. North Caddo Fitness Center shall not be liable for any claims, demands, injuries, damages or actions whatsoever to you or your property arising out of or connected with the use of any of the services and facilities of North Caddo Fitness Center or the grounds on which North Caddo Fitness Center is located. You do expressly forever release and discharge North Caddo Fitness Center from all such claims, demands, injuries, damages or actions and from all acts of active or passive negligence on the part of the entity which owns the club, its partners, agents and employees.

I declare that I have read, understood and agree to the contents of this liability claim in its entirety.

Print Name: _____ Date: _____

Signature: _____

Family #2

Print Name: _____ Date: _____

Signature: _____

If 18 or under, signature of parent or guardian: _____

Family #3

Print Name: _____ Date: _____

Signature: _____

If 18 or under, signature of parent or guardian: _____

Family #4

Print Name: _____ Date: _____

Signature: _____

If 18 or under, signature of parent or guardian: _____

Family #5

Print Name: _____ Date: _____

Signature: _____

If 18 or under, signature of parent or guardian: _____



I hereby agree and give my permission for North Caddo Medical Center and NCMC Fitness to record, film, photograph, publish, audiotape or videotape my name, image, likeness, spoken or written words, in any form (hereinafter collectively referred to as "Works"), and to freely use, display, publish, distribute or exhibit these Works or any part thereof for the purpose of and in connection with any material that may be created by North Caddo Medical Center for any and all current or future use in commercial or non-commercial form or distribution, including, without limitation, for print publication, website posting, internal marketing outlets, social media, and/or for video, DVD and/or other media outlets.

By entering into this informed consent and release and granting the permission as stated herein, I am expressly authorizing North Caddo Medical Center and NCMC Fitness to use, in whole or in part, my Works in connection with any materials for North Caddo Medical Center / NCMC Fitness including without limitation, in any and/or all manner and media, as North Caddo Medical Center / NCMC Fitness determines in their sole discretion. I also understand that North Caddo Medical Center / NCMC Fitness shall own all rights, title and interest, including the copyright(s), in and to the materials, to be used and disposed in perpetuity without limitation as North Caddo Medical Center / NCMC Fitness shall determine in their sole discretion unless otherwise prescribed by contract.

By entering into this informed consent and release and granting the permission as stated herein, I also am releasing North Caddo Medical Center / NCMC Fitness and their respective officers, directors, agents and/or employees from and against any and all liability, loss, damage, costs, claims and/or causes of action arising out of or related to my participation in any media events, including, without limitation, new media film and video productions, print, photography or design projects, television broadcasts, promotional materials or website projects.

I hereby further agree that North Caddo Medical Center / NCMC Fitness is the sole owner of all rights, title and interest, including copyrights in such Works and any parts thereof for all purposes, as North Caddo Medical Center / NCMC Fitness shall determine in their sole discretion without limitation, reservation or compensation to me.

I have read this informed consent and understand its terms. I sign it voluntarily and with full knowledge of its significance. I understand that this agreement will stand through time only to be revoked by a written letter mailed and signed, by myself, to the NCMC Marketing Department at PO BOX 792 Vivian, LA. 71082 or by emailing mary.coil@ncmcla.com.

Date: _____

Primary Member Name (Print)

Primary Member Signature

Family Member #2 or Responsible Party (adult) Signature

Family #2 Member Name (Print)

Family Member #3 or Responsible Party (adult) Signature

Family #3 Member Name (Print)

Family Member #4 or Responsible Party (adult) Signature

Family #4 Member Name (Print)

Family Member #5 or Responsible Party (adult) Signature

Family #5 Member Name (Print)