



211 North Broadway
Saint Louis, MO 63102
314-241-3488

membership information

Disclosures made in compliance with federal law

personal information

first name: _____
 middle initial: _____
 last name: _____
 address: _____
 city: _____
 state: _____
 zip: _____
 home phone: _____
 cell phone: _____
 email: _____
 birthdate: _____

company name: _____
 address: _____
 city: _____
 state: _____
 zip: _____
 phone: _____
 fax: _____

emergency contact: _____
 relationship: _____
 phone #'s of contact: _____

membership

two week trail/\$10 <input type="checkbox"/>	monthly dues: _____	First Payment check <input type="checkbox"/> credit card <input type="checkbox"/> cash <input type="checkbox"/>	Office Use Only member number: _____ locker number: _____ notes: _____
10 visit card/\$30 <input type="checkbox"/>	locker rental \$10/\$75: _____		
one month/\$25 <input type="checkbox"/>	towel rental \$10/\$75: _____		
three months/\$60 <input type="checkbox"/>	tax (8.241%): _____		
one year/\$225 <input type="checkbox"/>	total payment: _____		

payment information

I acknowledge my membership dues will be automatically charged to my credit/debit card each month.

I, _____ authorize Ironworks Fitness to charge my credit card on the first of each month for any membership fees, amenities and proshop items purchased on credit. The charges will be run on the first of each month.

credit/debit card #: _____ exp.date: _____ 3 digit code: _____

member's signature: _____ date: _____

I may cancel my membership at any time.

I must give Ironworks Fitness notice on or before the last day of the month in the event I wish to cancel.

IMPORTANT:

You must have a valid credit card on file at all times. Charges will be processed on the first of each month. To avoid processing of credit card, you may make payment to club **on or before the last day of the month.**

medical history

- check all of those that apply
- recent illness, hospitalizations or surgical procedure
 - heart attack, coronary bypass, cardiac surgery, stroke
 - abnormal resting heart rate
 - abnormal blood lipids
 - diabetes
 - high blood pressure
 - phlebitis emboli
 - pulmonary disease (asthma, emphysema and bronchitis)
 - rheumatic fever
 - family history of coronary or other atherosclerotic disease prior to age 55 male, 65 female.
 - uneven, irregular, or skipped heart beats (including a racing or fluttering heart)
 - light headedness or fainting
 - chest pain at rest or exertion
 - unusual shortness of breath
 - orthopedic problems (arthritis)
 - emotional disorders
 - medications
 - drug allergies
 - smoking
 - physical inactivity

release

By signing this document, I acknowledge that I have voluntarily chosen to participate in a program of progressive physical exercise which can enhance the musculoskeletal and cardiorespiratory systems. In signing this document, I acknowledge being informed of the possible strenuous nature of the program and the potential for unusual, but possible, physiological results including, but not limited to, abnormal blood pressure, fainting, heart attack or death. By signing this document, I assume all risk for my health and well being and hold harmless of any responsibility, the instructor, facility or any persons involved with this program and testing procedures. I understand that questions about exercise procedures and recommendations are encouraged and welcomed.

signature _____ date: _____