

Please initial and sign below:

_____ A membership cancellation form will need to be completed and returned to the front desk with 30 days notice. Payments due within the 30 day period from your submitted cancellation date will be processed.

_____ The automatic draft payment will be deducted *every 30 days* and must be paid with a Credit or Debit card (Discover, Visa or Mastercard only)

_____ I have received a copy of the WISC Policies.

_____ Memberships are nontransferable.

Member Signature: _____ **Date:** _____



MEMBERSHIP REFERRAL PROGRAM

Receive \$25 WISC Bucks for every membership referral!!!

Who Can We Thank For Referring You?

Processed by: _____ **Date:** _____



WISC MEMBERSHIP APPLICATION

Silver Individual Plus * Silver Couple Plus * Silver Family Plus * Senior Individual Plus
Senior Couple Plus * Gold Individual Plus * Gold Couple Plus * Gold Family Plus
Zone Only Individual (3 month minimum) * Zone Only Family (3 month minimum)

PRIMARY MEMBER INFORMATION

Name:		Date of Birth:	Age:
Home Phone:	Work Phone:	Cell Phone:	
Current address:			
City:	State:	ZIP Code:	
E-Mail Address:		Membership #	

2ND ADULT (IF COUPLE OR FAMILY MEMBERSHIP)

Name:		Date of Birth:	Age:
Home Phone:	Work Phone:	Cell Phone:	
Current address:			
City:	State:	ZIP Code:	
E-Mail Address:		Membership #	

MEMBER CHILDREN (IF FAMILY PLAN)

NOTES

Name:	DOB:	Age:	Male OR Female	NOTES
Name:	DOB:	Age:	Male OR Female	
Name:	DOB:	Age:	Male OR Female	
Name:	DOB:	Age:	Male OR Female	
Name:	DOB:	Age:	Male OR Female	

PARENT (IF YOUTH INDIVIDUAL) OR EMERGENCY CONTACT

Name:	
Address:	Phone:
City:	State:
Relationship:	
ZIP Code:	

WISC MEMBERSHIP AGREEMENT

I hereby agree to the membership policies and procedures. I understand that I am responsible to inform all members on my account of the policies and procedures.

Signature _____ Date: _____

OFFICE USE ONLY

Membership Begin Date: ___/___/___ Draft Start Date: ___/___/___ Monthly Payment Amount: \$ _____

Application Signed/Completed Client Profiles Created in EZ Billing Information Updated Policies Given

Notes: _____ Staff Initials: _____

Membership Created Staff Initials: _____

WAIVER AND RELEASE
Williamsburg Indoor Sports Complex

INDIVIDUAL AGREEMENT: I intend to use or participate in some or all of the activities, facilities, equipment, programs and services offered at or by Williamsburg Indoor Sports Complex LLC ("WISC"). WISC's facilities are below referred to as "the WISC".

In consideration of gaining membership or being allowed such use or participation at WISC, in addition to the payment of any fee or charge, I do hereby waive, release and forever discharge WISC and its owners, officers, agents, employees, representatives, executors, successors and assigns from any and all responsibilities or liability for injuries or damages resulting from any participation in any aspect of any activities or programs or my use of equipment or machinery in WISC's facilities or arising out of any activities or events occurring at the WISC.

Please Initial _____

I understand and am well aware that strength, flexibility, fitness, exercise and sports activities, including the use of equipment, is potentially hazardous and there is the risk of injury and even death. I also understand that everyone (including myself) has a different capacity for participating in physical activities. I am also aware that all activities, facilities, programs and services at the WISC are either educational, recreational, social, or self-directed in nature. Knowing that, I agree that my participation in any and all of the activities at WISC is strictly voluntary and has not been requested or required by WISC. I further agree that my participation in any and all of the activities at WISC is at my own risk and that I assume any and all risk of injury, illness, damage or loss that might result. I also agree to assume all risk of damage, loss or theft to or of any of my personal property.

Please Initial _____

I hereby declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation in any of the activities at the WISC. I acknowledge that I have either had a physical examination and have been given a physician's permission to participate in these activities, programs, facilities and services at the WISC, or that I have decided to participate without the approval of my physician. Accordingly, I do hereby assume all responsibility for my participation in such activities, programs, facilities and services, as well as for my use of any and all equipment and machinery in connection with them.

Please Initial _____

Finally, I understand that the activities, facilities, equipment, programs and services offered at the WISC may sometimes be conducted by persons who may not be knowledgeable, licensed, certified or registered instructors or professionals. I accept the fact that the skills and competencies of WISC employees, agents, representatives or volunteers will vary according to their training and experience. I also understand that no claim has been or is being made by WISC to offer assessment or treatment of any mental or physical disease or condition by those who are not duly licensed, certified or registered and employed by WISC to provide such professional services.

Please Initial _____

PARENT/GUARDIAN-CHILD AGREEMENT: I am hereby giving my consent and permission for my child/children
(List child/children's names in the lines provided.)

to be an active member of the WISC and to participate in the activities and programs for which they are registered. I understand that under certain circumstances they will be able to workout or participate in activities without direct supervision. I acknowledge that I am responsible for their actions, and that if they are not demonstrating proper usage of machines, facilities or equipment or exhibiting proper behavior, they will face appropriate disciplinary actions. I understand that WISC is a family atmosphere and that my child/children need my support, motivation, encouragement and supervision to succeed in a fitness or sports program, and I agree to provide it.

Participant Name: _____ Date: _____
(Please Print)

Participant's Signature: _____ Date: _____
(If member is under 18 – Parent's Signature)

WISC Representative: _____ Date: _____

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active everyday. Being more active is very safe for most people. However, some people should check with their doctor before start becoming more physically active.

If you are planning to become more physically active than you are now, start by answering the seven questions listed below. If you are between the ages 15-69, the Par-Que will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly, CIRCLE YES OR NO.

- YES NO 1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
- YES NO 2. Do you feel pain in your chest when you do physical activity?
- YES NO 3. In the past month, have you had chest pain when you were NOT doing physical activity?
- YES NO 4. Do you lose your balance because of dizziness or do you ever lose consciousness?
- YES NO 5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?
- YES NO 6. Is your doctor currently prescribing drugs (i.e. water pills) for blood pressure or heart condition?
- YES NO 7. Do you know of any other reason why you should not do any physical activity?

If you answered YES to one or more questions:

Talk to your doctor by phone or in person BEFORE you start becoming more physically active or BEFORE you have a fitness assessment. Tell your doctor about the PAR-Q and which questions that you answered yes.

- You may be able to do any activity that you want– as long as you start slowly and build up gradually or you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful to you.

If you answered NO honestly to all questions, you can be reasonably sure that you can:

- Start becoming more physically active-begin slowly and build up gradually. This is the safest and easiest way to go.
- Take a part in a fitness appraisal-this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively

Please note: If your health changes so that you would answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

DELAY BECOMING MORE ACTIVE:

**If you are not feeling well because of a temporary illness such as a cold or fever-wait until you feel better; or
If you are or may be pregnant-talk with your doctor before you start becoming more active.**

I have read, understood and completed this questionnaire and any questions I had were answered to my full satisfaction.

Name _____ Date _____

Signature _____