

# Family Physical Therapy & Fitness Center

## GYM MEMBERSHIP FORM

Complete the form below for membership to the Fitness Center at Family Physical Therapy



WHEN YOU'RE HERE, YOU'RE FAMILY.

74902 Johnson Lake Dr 26, Elwood, Ne 68937

familypt.com

*\*Registered sex offenders are prohibited from Family PT property; all members will be screened against the National Offender database.*

### 1. MEMBERSHIP TYPE

- \_\_\_\_\_ Single Membership - \$30/month or \$360 annually
- \_\_\_\_\_ Family Membership - \$50/month or \$600 annually
- \_\_\_\_\_ Senior Membership - \$25/month or \$300 annually
- \_\_\_\_\_ Senior Couple Membership - \$40/month or \$480 annually
- \_\_\_\_\_ Current Patient Membership - \$20/month

*\*One time \$10 dollar joining fee for keyless entry fob - must return if membership is cancelled*

Key serial # : \_\_\_\_\_

### MEMBER INFORMATION :

Adult First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date Of Birth : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender :  Male  Female

Address : \_\_\_\_\_

Phone Number : \_\_\_\_\_ E-Mail : \_\_\_\_\_

2nd Adult First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date Of Birth : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender :  Male  Female

Phone Number : \_\_\_\_\_ E-Mail : \_\_\_\_\_

Emergency Contact : \_\_\_\_\_ Phone Number : \_\_\_\_\_

Dependent Children's Name	Male/Female	Date of Birth



**\*All dependents under the age of 18 must be accompanied by an adult over 21 at all times.**

Family Physical Therapy & Sports Center's mission is to provide the highest quality of care to our patients through the efforts of our licensed and trained professional staff. We provide this care in an atmosphere of trust, compassion, and mutual respect to achieve the best possible results for our patients.

## 2. PAYMMENT INFORMATION

Annual Membership \_\_\_\_\_ 15th of each month \_\_\_\_\_

## 3. MONTHLY DRAFT INFORMATION:

Signing below authorizes draft from the account requested. 30-day cancellation notice is needed to stop draft. If your account does not have funds available when Family PT tries to charge and payment bounces, and additional return payment fee (\$20) will be added to your account.

## 4. AREAS OF INTEREST

Senior Programs \_\_\_\_\_ Group Workouts \_\_\_\_\_ Therapy Treatments \_\_\_\_\_  
Strength Training \_\_\_\_\_ Individual Exercise \_\_\_\_\_ Personal Training \_\_\_\_\_

*\*Physical Therapy / Occupational Therapy will be offered on site Monday, Wednesday & Fridays from 12-5pm & a personal trainer will be available upon request.*

## RELEASE OF LIABILITY, TERMS & CONDITIONS

- In the opportunity of obtaining a membership or being allowed to participate in activities, workouts, and programs at Family Physical Therapy & Sports Center gym and to use its machinery and equipment, in addition to the fee charged, I do hereby waive, release, and forever discharge Family Physical Therapy, its staff, and representatives from any and all responsibilities or liability for injuries or damages resulting from my or my family's participation in any Family PT activities on and off the premises in any way associated with Family Physical Therapy.
- Furthermore, I grant full permission to use, re-use, publish, and republish photographs of me and my family for any promotional use while at the Family Physical Therapy gym.
- I state for my minor(s) and myself that I/we are physically able to participate in Family PT activities and workouts
- I agree to follow all Family Physical Therapy rules and regulations, whether written or spoken by staff. I also agree to notify Family PT staff if my banking information changes and affect my membership payment process.
- I understand that membership key fobs are nontransferable and that sharing the fob may result in a loss of membership. The cost of a replacement fob is \$20.
- I acknowledge that my membership category may change due to age, school enrollment, and relationship status, affecting my monthly/annual fee.
- I understand if I do not uphold Family Physical Therapy's rules and regulations I can lose access to the Family PT gym.
- By signing this, I understand that I agree with the above terms.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ STAFF INITIALS \_\_\_\_\_

Family PT is a growing rehabilitation company with locations across Nebraska. We provide excellence in Physical Therapy, Occupational Therapy, Speech Therapy, Pediatric Therapy, and Chiropractic care.

**FAMILY PHYSICAL THERAPY HAS LOCATIONS ACROSS NEBRASKA!**

-Franklin -Grand Island -Gretna -Kearney -Johnson Lake  
-Lexington -Minden -Norfolk -Ravenna -Tilden -Wood River



# Family Physical Therapy & Fitness Center

## BANKING FORM

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### MEMBER INFORMATION :

Required to make membership payments

Adult First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Routing Number: \_\_\_\_\_

\*Signing below authorizes draft from the account requested. 30-day cancellation notice is needed to stop draft. If your account does not have funds available when Family PT tries to charge and payment bounces, and additional return payment fee (\$20) will be added to your account. I authorize withdrawals from my account to pay for gym membership at Family Physical Therapy & Fitness Center.



Sign Here: \_\_\_\_\_