

OPTIMUM FITNESS & REHABILITATION CENTER

Membership Information & Medical History

First Name _____ Last Name _____

Telephone # _____ Cell Phone # _____

Birth date _____ Gender: Male Female

Marital Status: _____ Age _____ Weight _____ Height _____

Address _____

City _____ State _____ Zip _____

E-mail Address _____

Employer _____ Telephone # _____

Emergency Contact _____ Telephone # _____

Family Physician _____ Telephone # _____

Indicate Type of Membership

Single _____ *Corporate _____ Student _____
Couple _____ Executive _____ MFP _____ Aquatic Program _____

*If corporate plan, please list employees below:

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Please answer the following questions regarding your current exercise/activity:

- How many times per week do you exercise? _____
- How would you describe the intensity of each session? _____
- How long have you been following this exercise pattern? _____
- What types of exercise do you do? _____
- How long (in minutes) is your typical exercise session? _____ minutes
- At what intensity do you plan on exercising? Moderate (brisk walking) Vigorous (jogging)

OFFICE USE ONLY

Enrollment Fee: _____ Membership Type: _____

Amount of Payment: \$ _____ Check# _____ Cash _____ Credit _____

Date/Time of First Work-out: _____ Hat T-Shirt Thermos