



**Penacook Community Center, Inc.**  
 Post Office Box 6008  
 Penacook, New Hampshire 03303  
 (603) 753-9700

**APPLICATION FOR: ADULT FITNESS**

Full Name \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

In the event of an emergency, contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

CPR or First Aid Certified: YES NO (circle one)

Annual Membership Dues= \$45.00

**OFFICE USE ONLY**

Membership Origination Date: _____	Dues Paid: _____	Amount: _____
	DATE	
Membership Expiration Date: _____	Administration Initials: _____	

<b>Medical Information</b>	<b>YES</b>	<b>NO</b>
Do you have any significant medical problems we should be aware of? If yes, specify below		
Do you have any other condition that might limit exercise? If yes, specify below		
Do you have any orthopedic disorders (bone, ligament, tendon, muscle, joint) that could be aggravated by physical activity?		
Is there a history of Coronary Heart Disease in your immediate family?		
Does your physician know you are participating in an exercise program?		

**PLEASE NOTE: It is advisable to consult a physician before beginning any exercise program.**

**\*RELEASE FORM\***

I, \_\_\_\_\_ (print) understand that there are certain risks involved in any exercise/fitness program. I hereby release the program instructors and the Penacook Community Center, Inc. facility from any claims, however described, I may have as a result of my participation in the program. I agree to hold the Adult Fitness Program, the Penacook Community Center, Inc. and any sponsors harmless for any personal injuries to me, (including but not limited to muscle soreness, sprains, cardiovascular-respiratory ailments and any other injury that may occur). I acknowledge that I am familiar with the risks and benefits of exercising and I HAVE READ AND UNDERSTOOD THIS IS A RELEASE OF ANY CLAIMS I MIGHT HAVE AS A PARTICIPANT IN THE ADULT FITNESS PROGRAM.

I hereby verify the information on this application. I understand that the Penacook Community Center, Inc. and the Center's personnel or volunteers maintain precautions against personal injury and property loss and I will not hold them responsible should either occur. I further understand that this membership may at any time be temporarily suspended or permanently revoked, if membership privileges are abused and/or the Center and its equipment is misused.

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_