

Full Name: _____

Membership Expires On: _____

24 Prescott Street
PO BOX 359
Kemptville, ON K0G 1J0



Phone: 613.258.4001
vitalityfitness@bellnet.ca
www.vitalityfitnessstraining.com

Easy Renewal Form

You have _____ 30 minute consultations left.
We will offer a \$22.60 consultation (Reg. \$45.20) **ONLY** at the time of renewal.
(can be banked for future use/rolled over to future membership)

Membership Options

** PAYMENT PLANS require 1st month's payment @ registration, next payment will be on the 15th of the month **

- 1) _____ **12 consecutive months @ \$45.20/mth** (\$40 + \$5.20 HST)
*Payments are withdrawn on the 15th of every month. (Void chq given to _____; PAD agreement required)
1st EFT PAY _____, last EFT PAY _____
- 2) _____ **12 months full payment \$488.16** (\$432 + \$56.16 HST)
- 3) _____ **6 consecutive months @ \$50.85/mth** (\$45 + \$5.85 HST)
*Payments are withdrawn on the 15th of every month. (Void chq given to _____; PAD agreement required)
1st EFT PAY _____, last EFT PAY _____
- 4) _____ **6 months full payment \$305.10** (\$270 + \$35.10 HST)
- 5) _____ **3 months full payment \$169.50** (\$150 + \$19.50 HST)
- 6) _____ **1 month full payment \$67.80** (\$60 + \$7.80 HST) NO CONTRACT
- 7) _____ **30 minute consultation \$22.60** (\$20 + \$2.60 HST)

FEES PAID TODAY

Membership Fee	\$ _____
Consult(s)	\$ _____
TOTAL: (incl. HST)	\$ _____

<p>*A complimentary blood pressure check will be done if it's been six months or more since your last visit.</p> <p>My blood pressure today was _____</p> <p>Pulse _____</p>

Payment Method: cash / debit / Visa / Mastercard / chq# _____

Membership begins on ____/____/20____ and ends on ____/____/20____
dd / mm / yyyy dd / mm / yyyy

I agree to the terms and conditions of Vitality Fitness Training Inc.'s current Membership Acknowledgement Agreement and Release form & Waiver/Release of Liability form (Available on website or ask for hard copy). I understand the terms & conditions and agree to be bound by them.

Client Signature

Vitality Fitness Training Inc.

DD/MM/YY

Client's Full Name (Please print)

Telephone Number

**Please make sure to have your PAR-Q filled out with your payment.
If your personal information has changed please write it below.**

PAR-Q and YOU

The Physical Activity Readiness Questionnaire

For most people physical activity should not pose any problem or hazard. PAR-Q has been designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them. Common sense is your best guide in answering these few questions. Please read them carefully and check yes or no opposite each question.

If you answer YES to one or more questions...

You need to get written medical clearance from your physician before we can accept you as a client.

If you answer NO to all questions...

If you answered PAR-Q accurately, you have reasonable assurance of your present suitability for exercise.

YES	NO	Question
1. <input type="checkbox"/>	<input type="checkbox"/>	Has your doctor ever said you have heart trouble?
2. <input type="checkbox"/>	<input type="checkbox"/>	Do you frequently have pains in your heart and chest?
3. <input type="checkbox"/>	<input type="checkbox"/>	Do you often feel faint or have spells of severe dizziness?
4. <input type="checkbox"/>	<input type="checkbox"/>	Has a doctor ever said your blood pressure was too high?
5. <input type="checkbox"/>	<input type="checkbox"/>	Has your doctor ever told you that you have a bone or joint problem, such as arthritis, that has been aggravated by exercise, or might be made worse, with exercise?
6. <input type="checkbox"/>	<input type="checkbox"/>	Is there a good physical reason, not mentioned here, why you should not follow an activity program, even if you wanted to?
7. <input type="checkbox"/>	<input type="checkbox"/>	Are you over age 65 AND not accustomed to vigorous exercise?

Full Name (*please print*)

Date

Signature