



Personally Fit
FITNESS & PHYSICAL THERAPY

11501 Rancho Bernardo Road, Suite #100 San Diego, CA 92127 858-485-6706 Fax 858-485-7052

Membership Application

Today's Date _____ / _____ / _____

Name _____ Date of birth _____ / _____ / _____

Address _____ E-mail _____

City _____ State _____ Zip _____

Home Phone () _____ Work Phone () _____

Membership Fee **\$125**
Express Start-Up **\$75**
Class Only Fee **\$50**
Med X Lumbar Program **\$250**

Physical Therapy Transfer Fee **\$25**
Non Member Drop-in Fee **\$10**
Training Only Drop-in Fee **\$5**
Member Guest Fee **\$5**

Dues

Full Monthly Dues
 6 Months Full Dues
 Class Only Dues
 6 Months Class Dues

Individual

\$50
 \$270
 \$35
 \$180

Couples

\$85
 \$450

Method of Payment:

Auto-Debit
 Check
 Credit Card

How did you hear of Personally Fit? Phone Book Internet Friend Other _____

***Training clients must have a dues paying membership, or pay the \$5 training only drop-in fee per session.**

Consent Form

I understand that I have enrolled in a program of strenuous physical activity. This may include aerobic activities, strength training, flexibility, and exercise classes. I affirm that to the best of my knowledge I am in good physical condition and do not suffer from any disability that would prevent or limit my participation in this exercise program. I hereby release Personally Fit, Inc. and any/all staff members who are instructing me from any/all liability for any injury or damage to myself. _____ Initials

NOTE: Pre-payments of dues are non-refundable. The only acceptable reason for non-payment of dues is for medical reasons, requiring a note from your physician stating that you are unable to participate in an exercise program. Breaks in membership dues will not be made for travel or vacation time. _____ Initials

Signature _____ Date _____

Emergency Contact _____ Phone # _____

Staff Signature _____ Date _____