

Member Registration

Date _____

Member # _____

PRIMARY MEMBER (Parent or guardian for applicants under 18 years)

Member name: _____ Birth date: _____ Age _____ Gender: M F

Home Mail Address: _____ City: _____

State: _____ Zip: _____ Home phone: _____ Cell: _____

Email address: _____ Would you like to receive our email newsletter: Yes No

Employer: _____ Work number: _____

Emergency Contact (required): _____ Phone: _____

Other than in your household

2nd family member: _____ DOB: _____ Age _____ Gender: M F Member# _____

Add. family member: _____ DOB: _____ Age _____ Gender: M F Member# _____

Add. family member: _____ DOB: _____ Age _____ Gender: M F Member# _____

Add. family member: _____ DOB: _____ Age _____ Gender: M F Member# _____

(Please list all children) _____

Membership Notes: (to be completed by Staff only) _____

Member Handbook Summary and Acknowledgement

Member conduct and right to use the facility

Applicant agrees to abide by all standards of The Wave and understands that failure to act in accordance with these may result in expulsion from The Wave and revocation of membership. **Initials** _____

Monthly Dues

Monthly payments are due on the fifth of every month; please refer to the Payment Option Form for payment options. Monthly dues entitle the Member to use the Wave's facilities within the scope of the type of membership selected. The Member is obligated to pay monthly dues regardless of whether or not the Member actually uses the Wave's facilities.

Initials _____



1250 Baker Avenue.
Whitefish, Montana
59937 406-862-2444
Fax 862-1844
www.whitefishwave.com

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Travel Hold Policy

Your membership may be placed on hold by submitting a digital hold request found on our website by the **25th** of the month prior to the onset of the “hold period”. Hold requests submitted after the **25th** through the end of the month will incur a **\$25** late fee. Hold requests received after the **1st** of the month will take place at the end of the month. The hold period is a minimum of **2** consecutive months and a maximum of **12** consecutive months following these specifications:

1. Hold period must begin on the 1st of the month and end on the last day of the last month.
2. You must be **out of town** for the duration of the hold period.
3. The hold fee is **\$25** per month due at the time of hold request. Any member on hold longer than **12** consecutive months may be canceled. **Initials** _____

Medical Hold Policy

Your membership may be put on hold in the event of an injury, illness or physician’s orders to halt your workout. **Written physician’s orders** stating the period you are unable to use the Wave is required to implement a medical hold. No hold fee is charged for a medical hold. **Initials** _____

Termination Policy

Member may terminate his or her membership in writing by the 25th of the month prior to the month the member wishes to cancel. All balances owed to the Wave must be paid in full and keys returned. Notice of Termination **MUST be given in writing** by completing the cancellation form available from Member Services or the Service Desk. If you cancel your membership and wish to rejoin at a later date, you will be required to repay the enrollment fee. **Initials** _____

Property Loss

The applicant understands that The Wave is not responsible for personal property lost, damaged or stolen while using The Wave facilities or participating in Wave programs. We encourage members to lock up personal items. **Initials** _____

Insurance

The applicant understands that The Wave does not provide any accident or health insurance for its members or participants and further understands it is the applicant’s responsibility to provide such coverage. **Initials** _____

Children

Children under the age of 14 must be accompanied by an adult at all times; with the exception of children in the Children’s Depot or enrolled in a Wave supervised activity. Please refer to the Member Handbook(available on-line) for Aquatic and Fitness areas age requirements. **Initials** _____

Acceptance

I have been given the Member Handbook highlights and have been made aware the full version is available through whitefishwave.com. I agree to comply with the rules and regulations set by The Wave as they now exist and as they hereafter are amended. Should I decide to cancel my membership I agree to give written notice to The Wave 5 days prior to requested month of cancellation. I understand that dues are not based on attendance and that **I am liable for all dues up to the time of written cancellation.** Forms for cancellations/hold for membership may be completed at the Service Desk or through Member Services. **Initials** _____

I have read the above information and fully understand the contents.

Dated: _____ Signature: _____

Dated: _____ Signature: _____

Staff Signature _____ Date _____



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Modified PAR Q and You

Congratulations on the decision to join our family here at The Wave. Before you begin we would like you to answer the eight questions in the box below. If you are between the ages of 16 and 69, the PAR – Q will tell you if you should check with your doctor before you start. If you are under the age of 16 or over 69 years of age, and you are not used to being very active, we recommend that you check with your doctor or health care provider prior to increasing your activity level.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly.

YES NO

1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
2. Do you feel pain in your chest when you do physical activity?
3. In the past month, have you had chest pain when you were not doing physical activity?
4. Do you lose your balance because of dizziness or do you ever lose consciousness?
5. Do you have a bone or joint problem (for example, back, knee, or hip) that could be made worse by a change in your physical activity?
6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
7. Do you know of any other reason why you should not do physical activity?
8. Are you younger than 15 or older than 69 years of age?

If you answered YES to one or more questions, are under the age of 16 or over the age of 69

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR – Q and which questions you answered YES.

- You may be able to do any activity you want – as long as you start slowly and build up gradually. You may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Take time before you start exercising to meet with a WAVE Personal Trainer. He/she will assist you in determining the safest and most effective exercise plan. This is a free service for any new WAVE member.

If you answered NO honestly to all PAR – Q questions, you can be reasonable sure that you can:

- Start becoming much more physically active – begin slowly and build up gradually. This is the safest and easiest way to go.
- Take part in a fitness appraisal – this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 140/90 at rest on two or more occasions, talk with your doctor before you start becoming much more physically active.

DELAY BECOMING MUCH MORE ACTIVE:

- If you are not feeling well because of a temporary illness such as a cold or a fever – wait until you feel better; or
- If you are or may be pregnant – talk to your doctor before you start becoming more active.

PLEASE NOTE: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.



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Informed Use of the PAR – Q: The Wave and their agents assume no liability for persons who undertake physical activity, and if any person is in doubt about increasing their physical activity after completing this questionnaire, consult your doctor prior to physical activity.

EXPRESS ASSUMPTION OF RISK: I, the undersigned, hereby expressly and affirmatively state that I wish to participate in exercise and/or activity at The Wave. I am aware that if I answered yes to one or more of the questions on the Modified PAR – Q & YOU form that I am at increased risk for injury or death while participating in exercise or activity at The Wave. I also understand that it is the recommendation of The Wave to speak with a doctor by phone or in person to discuss exercise guidelines or limitations BEFORE you start utilizing The Wave.

I realize that my participation involves risks of injury, including but not limited to strains, sprains, heart attack, stroke or even death. I also recognize that there are many other risks of injury, including serious disabling injuries that may arise due to my participation in these exercises or activities. I understand it is not possible to specifically list each and every individual injury risk. However, knowing the material risks and appreciating, knowing, and reasonably anticipating that other injuries and even death are a possibility, I hereby expressly assume all of the delineated risks of injury, all other possible risk of injury, and even risk of death, which could occur by reason of my participation.

Printed Name: _____ Date of Birth: _____

Signature: _____ Date: _____

RELEASE OF LIABILITY: I have read, completed and understand this questionnaire. Any questions I had were answered to my full satisfaction. I understand the potential risk of illness, injury or aggravation of pre-existing conditions. I consent to emergency treatment, including the administration of whatever medication deemed necessary by emergency medical personnel for my care in the event of injury of illness. I understand the performance of any exercise is my responsibility and NO EXERCISE IS MANDATORY. I also understand that I must notify The Wave of any changes in health status which would cause me to answer yes to any of the eight PAR – Q questions. With this understanding I release The Wave, its agents, and employees from liability associated with my own negligence in participating in my exercise program.

Printed Name: _____ Date of Birth: _____

Signature: _____ Date: _____



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Monthly Payment Options

Name (Print) _____

Please indicate below your preferred method of payment for your monthly membership fee.

Direct Bill:

- Yearly** (Receive 12th month free. Memberships are non-transferable.)

12 Month Agreement Memberships may not go on a travel hold.

Signature: _____ Date: _____

Credit Card Options:

- Option A:** I would like only my monthly dues to be charged to my account. I will not be able to incur additional club charges.
- Option B:** I would like to have my monthly dues and any additional charges (i.e. juice bar, pro shop, massage services, child care) to be charged to my account.

(circle one) **Visa** **MasterCard** **Discover**

Card Number: _____ Expiration date: _____

Card Holders Name: _____

Signature: _____

Date: _____

Electronic Funds Transfer Options:

- Option A:** I would like *only* my monthly dues to be charged to my account. I will not be able to incur additional club charges.
- Option B:** I would like to have my monthly dues and any additional charges (i.e. juice bar, pro shop, massage services, child care) to be charged to my account.
- EFT Checking:** (Attach a voided copy of your check - deposit slips do not always work properly.)
- EFT Savings:** (Attach a copy of your savings account bank card - deposit slips do not always work properly.)

Bank Name: _____ Account Number: _____

Bank Routing Number: _____

I authorize The Wave to begin monthly deductions from my account. I can stop payment of any entry by notifying The Wave in writing. All account changes must be made 10 days prior to the month in which the change is to become effective.

Signature: _____ Date: _____



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