



40 Solar Street, Bel-Air Village, Makati City
 Tel, No. (02) 8 523-8215, (02) 8 897-1856 Fax 8 895-9412

VS FORM 004

GYM MEMBERSHIP APPLICATION FORM

INSTRUCTION: Print all information in CAPITAL LETTERS. Put N/A for information that is not applicable.

DATE: (MM/DD/YYYY)				REFERENCE NO. -			
APPLICANT INFORMATION							
NAME (Last Name)		(First Name)		(Middle Name)		(Name Extension)	
ADDRESS (House No.)		(Street)		(Barangay)		(City)	
MOBILE NO. -		EMAIL ADDRESS			BAVA PROPERTY NO. -		PHASE
CLASSIFICATION <input type="checkbox"/> New Member <input type="checkbox"/> Renewal of Gym Membership			BIRTHDATE (MM/DD/YYYY)			BAVA ID NO. -	
DURATION OF MEMBERSHIP <input type="checkbox"/> One Year <input type="checkbox"/> __ Months (Minimum 1 Month, Maximum 3 Months)				PHILIPPINE NATIONAL ID NO.			
PAYMENT DETAILS							
AMOUNT PAID		O.R.#		PAYMENT DATE		I.D. # ISSUED	EXPIRY DATE
EMERGENCY CONTACT INFORMATION							
NAME (Last Name)		(First Name)		(Middle Name)		(Name Extension)	
ADDRESS (House No.)		(Street)		(Barangay)		(City)	
MOBILE NO. -		TELEPHONE NO. 		RELATIONSHIP TO REGISTERED RESIDENT/PROPERTY OWNER			

All information contained in this form will be treated with confidentiality in compliance with the Data Privacy Act.

Processed by:

 Applicant Signature over Printed Name

 Fitness Assistant

Approved by:

 Village Services Officer



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GYM MEMBERSHIP RELEASE WAIVER & QUIT CLAIM

1. I declare and warrant that I am in good physical condition and that I have no disability, impairment or ailment that will render exercise or any strenuous activity, in any form, injurious to my health, safety or physical condition. I have consulted my physician on this matter, and he has given me his approval to engage in a physical exercise program. I will get the prior approval of my physician before embarking on a specific exercise program, whether devised by myself solely or in consultation with the gym instructor. I will do likewise before I make changes thereto.

2. I will strictly and faithfully abide by the Club Rules and Regulations, as may be amended from time to time. I will consult and follow all the safety instructions given by the instructors who may be employed by the Club. However, I am aware that the Club has no duty and is not obligated to maintain in the Club premises personnel and/or instructors who will or can provide supervision or assistance. I am aware that if I get injured, become unconscious, suffer a stroke or heart attack or any other medical emergency or event that there will likely be no one to respond to my emergency and that the Club has no duty to provide assistance to me while I am at the Club premises.

3. I am fully aware of the risks and hazards inherent in strenuous physical and/or fitness activities and hereby assume solely and voluntarily all risks of injury (including death), loss, or damage that I may sustain while in the Club and/or while availing of its services and facilities. I accept full and sole responsibility for the use of, or participation in, any and all classes, services, equipment, demonstrations or events, whatsoever owned, operated or sponsored by the Club. I am solely responsible for my own health and safety while in the Club premises and while using its facilities.

4. I hereby release, waive and discharge the Club, its owner/s, operator/s, trainers, instructors, employees, and all their officers, directors, governors, members, employees, representatives and agents from any and all loss, claim, injury, damage or liability which I may sustain or incur in the premises and/or while availing of the facilities and/or services of the Club. This release shall be binding upon my heirs, assigns, and successor/s-in-interest.

5. I have read and understood this document of Release Waiver and Quitclaim which is hereby given and made willingly and voluntarily and with full knowledge of my rights under the law.

PRINTED NAME & SIGNATURE

DATE

IF THE APPLICANT IS BETWEEN 12 AND 18 YEARS OF AGE:

We hereby certify that this application is made with our knowledge and consent, that we have read the foregoing declarations, and that the same are true and correct.

PRINTED NAME & SIGNATURE OF PARENT

DATE