

OFFICE USE ONLY

PASS #: _____

PURCHASE DATE: _____

EXPIRATION DATE: _____

BLOOD PRESSURE:

Approved: _____

Not Approved: _____

STAFF INITIALS: _____

**COMMUNITY
HEALTHCARE SYSTEM®****Community Hospital
Fitness Pointe®****CLASS PASS APPLICATION**

NAME: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

PHONE: _____ BIRTHDATE: _____

EMAIL: _____

PHYSICIAN'S NAME: _____ PHONE: _____

EMERGENCY CONTACT: _____ PHONE: _____

PLEASE READ AND INITIAL:

I understand that I am purchasing a Fitness Pointe® Class Pass. This pass will be valid for one year from date of purchase and will allow me to attend twelve (12) classes OR six (6) classes on the Class Pass schedule. If I use all 12 classes OR 6 classes before the expiration date, I may purchase a new pass. If I **DO NOT** use all 12 classes OR 6 classes by the expiration date, I understand unused classes are **not refundable or transferable**.

I understand that Fitness Pointe will keep track of my pass use. Any misuse of my Class Pass (i.e. lending it to someone else or using the facility for purposes other than Class Pass attendance) will result in revocation of Class Pass and forfeiture of any monies paid as well as prohibition of future Class Pass purchases. **Initial** _____

In addition:

- This pass is good for classes on the Class Pass schedule ONLY, and does not give me access into any other areas of the facility, except the locker rooms. **Initial** _____
- I understand that I am not allowed entrance earlier than 15 minutes before the class begins and that I must exit the building no later than 30 minutes after the class ends. Should I exit the building past this 30 minute time limit, one additional class will be deducted from my remaining Class Pass balance. **Initial** _____
- I must present my Fitness Pointe issued I.D. at the front desk, stating which class I am attending, and must pick up the pass within 30 minutes of class termination. **Initial** _____
- If this Class Pass card is lost, I will be assessed a \$5.00 "new card fee". **Initial** _____
- I understand that if I wish to stay for more than one class on any given day, I must inform the front desk so the appropriate class deduction is given (one Class Pass class deduction per class attended). **Initial** _____
- By initialing, I agree to be photographed/videotaped in the Group Exercise class setting for Fitness Pointe purposes only. **Initial** _____

I have read, initialed and understand the above information:

Signature_____
Date

*Are you attending a class TODAY? _____ Yes _____ No

Staff initials: _____