

Member Application



Primary Member (must be 18 or older): Membership Type _____
(Corporate Members Only): Company Name _____ Company Code _____

First Name _____ Last Name _____
Address _____ Apartment #: _____
City _____ State _____ Zip _____
Primary phone () _____ Secondary phone () _____
Birth Date ____/____/____ Gender _____ Email: _____

* Membership Cards are non-transferable. The Cornwell Center does not distribute demographic or contact information.

How did you hear about us?

Friend Radio TV Advertisement Direct Mail Other _____

EMERGENCY CONTACT: First Name _____ Last Name _____
Phone () _____ Relationship _____

HOSPITAL PREFERENCE: _____

Household Members: (for Household memberships only - all family must reside in same household)

First Name _____ Last Name _____ Gender _____
Birth Date ____/____/____ Cell () _____ Email _____

EMERGENCY CONTACT: First Name _____ Last Name _____
Phone () _____ Relationship _____

First Name _____ Last Name _____ Gender _____
Birth Date ____/____/____ Cell () _____ Email _____

EMERGENCY CONTACT: First Name _____ Last Name _____
Phone () _____ Relationship _____

First Name _____ Last Name _____ Gender _____
Birth Date ____/____/____ Cell () _____ Email _____

EMERGENCY CONTACT: First Name _____ Last Name _____
Phone () _____ Relationship _____

First Name _____ Last Name _____ Gender _____
Birth Date ____/____/____ Cell () _____ Email _____

EMERGENCY CONTACT: First Name _____ Last Name _____
Phone () _____ Relationship _____

Getting to Know You

What are your most important reasons for visiting/joining The Cornwell Center? _____

What specific areas of The Cornwell Center most interest you? Please check all that apply.

(This may be used to provide information on & for Cornwell programs)

- | | | |
|--|---|--|
| <input type="radio"/> Adult Fitness/Wellness | <input type="radio"/> Group Exercise Classes | <input type="radio"/> Social Opportunities |
| <input type="radio"/> Adult Sports Program | <input type="radio"/> Exercise Specific Health Concern | <input type="radio"/> Weight Management |
| <input type="radio"/> Personal Training | <input type="radio"/> Youth Programs (camps, sports, etc) | <input type="radio"/> Group Exercise Classes |
| <input type="radio"/> Christian Mission/Spiritual Growth | <input type="radio"/> Physician Referral | <input type="radio"/> Senior Programs |
| <input type="radio"/> Family Activities | <input type="radio"/> Art Studio | <input type="radio"/> Learning Center |
| <input type="radio"/> Adult Enrichment | <input type="radio"/> Child Care | <input type="radio"/> Other |

Referring Member Info

Thank you for sharing your enthusiasm for The Cornwell Center! We value our more intimate setting, but do encourage folks to share in their positive experiences by referring their friends and family as Members. Those who refer a new member receive one month's dues at no cost. Please provide the information below if a Cornwell Member referred you.

Referring Member Name _____

Address _____ City _____ State _____ Zip _____

Health & Release of Liability

The information below is voluntary. Completing this questionnaire will not delay or prevent you from beginning your exercise program.

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 that could be made worse by a change in your physical activity?
6. Is your doctor currently prescribing drugs (for example, water pills) for blood pressure or a heart condition?
7. Do you know of any other reason why you should not do physical activity?

Doctor's Name _____ Phone: (_____) _____

I understand that the Cornwell Center at Myers Park Baptist Church assumes no responsibility for injuries or illnesses that may be sustained because of participation in any athletic activities, sports programs, and the use of any equipment, exercise, or other activities. I acknowledge that I assume the risk for any and all illness which may result from participation in these. In consideration of the privilege of participating at the Cornwell Center, I hereby voluntarily release and discharge the Cornwell Center at Myers Park Baptist Church and its agents, servants and employees from any and all claims for injury, illness, death, loss or damage which may be suffered as a result of participation in these activities. A parent/responsible party must discuss with the Cornwell Center director any special conditions or circumstances involving their child prior to registration. I agree to have a physician examine my child/me within a reasonable time prior to the start of the program/activity to determine my child/I am free of communicable disease and has not been exposed to such. I hereby give permission to the medical personnel selected by the Cornwell Center staff to order x-rays, routine tests, treatment, to release any records necessary for insurance purposes and to provide or arrange necessary related transportation for me/my child in the event of medical emergency. I understand that no accident/medical insurance is provided with this activity.

Signature of primary member _____ Date _____

Signature of Cornwell Center staff _____ Date _____

Bank Draft

I hereby authorize The Cornwell Center to initiate debits from the BANK indicated on the attached check for the amount specified below. The authority is to remain in effect until The Cornwell Center has received 15 days written notification from me of the termination of this agreement, or until The Cornwell Center or BANK has sent me 15 days notice of The Cornwell Center's or BANK's termination of the agreement. The Cornwell Center will send a 15-day notification of any change in the amount to be drafted. Should my membership draft not be honored by my BANK for any reason, I realize that I am still responsible for that payment and a second attempt to collect, including a Cornwell Center service charge, will be made prior to my next draft. This is in addition to any service fee my BANK may make.

DATE to be drafted each month _____ Draft Authorization _____ (initials)

For office use only.

- Staff (internal) MPBC Member Community Track (only) College (name) _____
 Individual Student Senior Household Sr. Household