



Membership Application

Complete and return to Fitness Director

1. Requirements for Membership

- Full and part time ATI Millersburg Operations and ATI Albany Operations 34th employees, retirees, spouses and dependent children 13 years of age or older who are covered by medical insurance (excluding retirees).

- 2. Fees:**
- | | |
|--------------------------------------|-----------------------------|
| Membership: Employee/Primary: | \$ 18.00 (minimum 6 months) |
| Spouse/Dependent(s)/Secondary: | \$ 13.00 (minimum 6 months) |
| Retiree: | \$ 11.00 |
| Retiree Spouse: | \$ 8.00 |

Locker Rental: \$5.00 Month per person

Initiation: Primary: \$ 25.00 Secondary: \$ 15.00 Additional Dependent(s): \$ 5.00

Initiation fees are payable each time you join.

Replacement Card: A \$ 6.00 fee will be levied for replacement of all lost/destroyed cards.

3. Hours of Operation: Anytime with a key card (with exception to occasional cleaning or maintenance).

4. Facility Rules:

- Review and sign Fitness Center Rules
- INFRACTION of the rules will result in the revocation of key card for six (6) months. Fees will be payable during revocation.

I agree that my membership will be for a minimum of 6-months and continue until I submit a Request for Termination of Membership form directly to the Fitness Director or Rec Board Member. I understand that the dues will automatically be deducted from my paycheck or I can pay by cash or check. Check payments are required to be for 6-months membership, or pro-rated accordingly to the semi-annual billing cycle (January and July). Any NSF fees incurred as a result of writing a check are the responsibility of the member, and will terminate membership for 6-months' probation. I agree to observe and abide by all rules of this facility.

Employee Name: _____ Emp #: _____ Plant Site: _____

Address: _____ Dept Name & #: _____

Email: _____ Phone: _____ (Cell / Home)

I am applying for membership for:

Primary Name _____ Birthday _____ Card # _____

Secondary Name _____ Birthday _____ Card # _____

Dependent Name _____ Birthday _____ Card # _____

Initiation Fees:

Primary	\$ 25.00
Secondary	\$ 15.00
Add'l Dependent(s) _____ x \$5.00 = \$ _____	

Initiation Total = \$ _____

Monthly Fees:

Primary	\$ 18.00
Secondary	\$ 13.00
Retiree - Primary	\$ 10.00
Retiree - Secondary	\$ 7.00
Add'l Dependent(s) _____ x \$13.00 = \$ _____	
Locker Rental _____ x \$ 5.00 = \$ _____	

Monthly Total = \$ _____

Signature _____

Date _____



FITNESS CENTER RULES

SECURITY CAMERAS ARE IN OPERATION.

INFRACTION OF ANY RULE IS CAUSE FOR MEMBERSHIP DISMISSAL!

RULES ARE ENFORCED BY ATI EMPLOYEE RECREATION ASSOCIATION.

1. ALL company rules and regulations apply to this facility.
2. Members ONLY! NO guests! NO exceptions!
3. Members ages 13-15 must be accompanied and supervised by an adult member while in the weight room.
4. Attire must be clean, athletic wear. No boots or open toed shoes are allowed in the facility.
5. After using gym EQUIPMENT, please sanitize your area with the wipes provided and put back any materials (e.g. weights/grip attachments) used.
6. Slamming weights (exception: platform) or intimation/bullying of any kind will not be tolerated.
7. Shirts must be worn in the weight room.
8. No food or drink other than water in a bottle in the exercise area.
9. Day use lockers are to be used only when using the exercise area. Rental lockers are available.
10. Members must learn safe use of equipment before using the equipment. Scan QR code on machine (if applicable) or ask the Fitness Director if you have questions.
11. No emergency doors are to be used except in an emergency.
12. We urge all members to have a physical checkup before undertaking an exercise program.
13. We strongly urge that no member exercise alone.
14. No tobacco or alcohol products in the facility.

**REMEMBER - THIS IS YOUR FACILITY.
HELP US TO KEEP IT CLEAN!**

Signature: _____

Date: _____



Health History

Name: _____

Sex: _____ Age: _____ Job Title: _____

Emergency Contact: _____ Phone #: _____

Physician's Name: _____ Phone #: _____

Do You Have...

Arthritis	Yes	No
Asthma	Yes	No
Lung Disease	Yes	No
Shortness of Breath	Yes	No
Hernia	Yes	No
Heart Murmur	Yes	No
Back Trouble	Yes	No
Heart Conditions	Yes	No
Artery Disease	Yes	No
Fractures	Yes	No
Epilepsy	Yes	No
Diabetes	Yes	No
High Blood Pressure	Yes	No

Are you on any medications? Yes No If yes, what? _____

Is it a B-blocker? _____

Do you have any allergies? Yes No If yes, what? _____

Do you have any physical limitations? _____

(Women) Are you pregnant? Yes No If yes, what month? _____

Do you smoke? Yes No Have you ever smoked? _____

Any injuries/operations that may affect your level of exercise? Yes No
Explain: _____

Describe the physical activity in your job: _____

Have you ever taken an exercise class? Yes No How long ago? _____



CERTIFICATE OF MEDICAL INSURANCE COVERAGE

I _____
DO HEREBY CERTIFY THAT I, AND MY OTHER MEMBERS OF MY IMMEDIATE FAMILY WHO WILL BE ELIGIBLE TO USE THE A.E. RIESEN FITNESS FIRST CENTER, HAVE OBTAINED AND AM CURRENTLY COVERED BY MEDICAL INSURANCE WHICH PROVIDES REIMBURSEMENT OF AT LEAST 80% OF THE BASIC HOSPITAL, MEDICAL, AND SURGICAL EXPENSES INCURRED BY ME OR SAID FAMILY MEMBER REGARDLESS OF ANY DEDUCTIBLE AMOUNT. I FURTHER CERTIFY THAT I WILL KEEP SAID INSURANCE IN FULL FORCE AND EFFECT DURING THE FULL TERM OF MY MEMBERSHIP IN THE A.E. RIESEN FITNESS FIRST CENTER AND THAT IF I SHOULD FOR ANY REASON DISCONTINUE MY MEDICAL INSURANCE COVERAGE I WILL IMMEDIATELY NOTIFY THE A.E. RIESEN FITNESS FIRST CENTER'S FITNESS DIRECTOR AND SURRENDER MY MEMBERSHIP PRIVILEGES.

Signature: _____

Print Name: _____

Date: _____

COMPLETE AND RETURN WITH APPLICATION



AGREEMENT AND RELEASE OF LIABILITY

COMPLETE AND RETURN WITH APPLICATION

1. IN CONSIDERATION OF BEING ALLOWED TO PARTICIPATE IN THE ACTIVITIES AND PROGRAMS OF THE A.E. RIESEN FITNESS FIRST CENTER AND TO USE ITS FACILITIES, EQUIPMENT AND MACHINERY IN ADDITION TO THE PAYMENT OF ANY FEE OR CHARGE, I DO HEREBY WAIVE, RELEASE AND FOREVER DISCHARGE ATI MILLERSBURG/ATI ALBANY OPERATIONS 34TH AND THE EMPLOYEE RECREATION ASSOCIATION BOARD OF DIRECTORS AND IT'S OFFICERS, AGENTS, EMPLOYEES, REPRESENTATIVES, EXECUTORS, AND ALL OTHERS FROM ANY AND ALL RESPONSIBILITIES OR LIABILITY FROM INJURIES OR DAMAGES RESULTING FROM MY PARTICIPATION IN ANY ACTIVITIES OR MY USE OF EQUIPMENT OR MACHINERY IN THE ABOVE-MENTIONED ACTIVITIES. I DO ALSO HEREBY RELEASE ALL OF THOSE MENTIONED AND ANY OTHERS ACTING UPON THEIR BEHALF FROM ANY RESPONSIBILITY OR LIABILITY FOR ANY INJURY OR DAMAGE TO MYSELF, INCLUDING THOSE CAUSED BY THE NEGLIGENT ACT OR OMISSION OF ANY OF THOSE MENTIONED OR OTHERS ACTING ON THEIR BEHALF OR IN ANY WAY ARISING OUT OF OR CONNECTED WITH MY PARTICIPATION IN ANY ACTIVITIES OF THE A.E. RIESEN FITNESS FIRST CENTER OR THE USE OF ANY EQUIPMENT AT THE A.E. RIESEN FITNESS FIRST CENTER.

(PLEASE INITIAL: _____)

2. I UNDERSTAND AND AM AWARE THAT STRENGTH, FLEXIBILITY, AND AEROBIC EXERCISE, INCLUDING THE USE OF EQUIPMENT, ARE POTENTIALLY HAZARDOUS ACTIVITIES. I ALSO UNDERSTAND THAT FITNESS ACTIVITIES INVOLVE A RISK OF INJURY AND EVEN DEATH, AND THAT I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES AND USING EQUIPMENT AND MACHINERY WITH KNOWLEDGE OF THE DANGERS INVOLVED. I HEREBY AGREE TO EXPRESSLY ASSUME AND ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH.

(PLEASE INITIAL: _____)

3. I DO HEREBY FURTHER DECLARE MYSELF TO BE PHYSICALLY SOUND AND SUFFERING FROM NO CONDITION, IMPAIRMENT, DISEASE, INFIRMITY, OR OTHER ILLNESS THAT WOULD PREVENT MY PARTICIPATION OR USE OF EQUIPMENT OR MACHINERY EXCEPT AS HEREINAFTER STATED. I DO HEREBY ACKNOWLEDGE THAT I HAVE BEEN INFORMED OF THE NEED FOR A PHYSICIAN'S APPROVAL FOR MY PARTICIPATION IN AN EXERCISE/FITNESS ACTIVITY OR IN THE USE OF EXERCISE EQUIPMENT AND MACHINERY. I ALSO ACKNOWLEDGE THAT IT HAS BEEN RECOMMENDED THAT I HAVE A YEARLY OR MORE FREQUENT PHYSICAL EXAMINATION AND CONSULTATION WITH MY PHYSICIAN AS TO PHYSICAL ACTIVITY, EXERCISE, AND USE OF EXERCISE AND TRAINING EQUIPMENT SO THAT I MIGHT HAVE HIS OR HER RECOMMENDATIONS CONCERNING THESE FITNESS ACTIVITIES AND EQUIPMENT USE. I ACKNOWLEDGE THAT I HAVE EITHER HAD A PHYSICAL EXAMINATION OR HAVE BEEN GIVEN MY PHYSICIANS' PERMISSION TO PARTICIPATE, OR THAT I HAVE DECIDED TO PARTICIPATE IN ACTIVITY AND USE OF EQUIPMENT AND MACHINERY WITHOUT THE APPROVAL OF MY PHYSICIAN AND DO HEREBY ASSUME ALL RESPONSIBILITY FOR MY PARTICIPATION AND ACTIVITIES, AS WELL AS THE UTILIZATION OF EQUIPMENT AND MACHINERY IN MY ACTIVITIES.

(PLEASE INITIAL: _____)

PRINT NAME: _____

SIGNATURE: _____

DATE: _____