

Ivy Physical Therapy, PA
HPER Membership Application

201 S 7th Street • Heber Springs, AR 72543 • (501) 362-8118 • www.ivyphysicaltherapy.com

Please fill in all appropriate information. Payment in full is due at the time of registration.
Please print paperwork & bring into the office OR email to ashley.ivypt@yahoo.com
After paperwork & payment have been received, arrangements will be made to get you a keycard.

Date: _____

Member Last Name _____ First Name _____

Address _____ City/State _____ Zip _____

Primary Phone (____) _____ Secondary Phone (____) _____

Emergency Contact Name _____ Emergency Phone (____) _____

Birthdate (mm/dd/yy) _____ Age _____ Gender _____

Email Address _____

New Member Orientation: Yes No Reviewed Rules/Regulations: Yes No

Health History:

Family Physician: _____ Phone _____

Please indicate if you have ever experienced any of the following conditions:

- Heart Attack Back or Spinal Injury High Blood Pressure
- High Cholesterol (over 250) Diabetes Abnormal EKG
- Hardening of Arteries Heart Disease Medications for the Heart
- Stroke Medications for High Blood Pressure

Other important medical information:

Autodraft: \$38 + tax. Drafts are run by the 5th of each month. Shutoffs will be done as soon as drafts have been run.

Non-Autodraft: \$43 + tax. Payment is due by the 5th of each month.

Couples- \$70 + tax. Must be autodrafted from a single debit/credit card.

Student Athlete- \$25 + tax. Name of Coach: _____

Dependents: \$15 each + tax. Must be under 21 and added to the account of an adult over 22.

Dependent(s): _____

See office for current prices.

Memberships are non-refundable. All couples packages MUST be autodrafted from a single card.

Memberships follow a calendar month. If you join after the 10th of the month, your membership will be pro-rated for the remainder of the calendar month and will renew on the 1st of the following month and every month thereafter.

I understand that the "Release of All Liability" signed by me on this date is incorporated into and made a part of this application.

Member Signature

OFFICE USE ONLY

Keycard Number: _____

Amount Paid (Prorated): _____

Staff Initials

RELEASE FROM ALL LIABILITY

The undersigned, being over eighteen (18) years of age, hereby states that I understand that my use of the HPER CENTER (“the exercise facility”) presents the risk of serious physical injury and even death. I assume this risk and agree that my use of the exercise facility will be at my own risk at all times. On behalf of myself, my heirs and personal representatives, I hereby agree, hold harmless, and release IVY PHYSICAL THERAPY, P.A., and its agents, employees, and successors, from any liability, loss, cost, damage, expense, claim or suit whatsoever for any and all injury, loss, illness, harm, cost, expense, claim, suit or damage, including third party claims, resulting from or related to my use of the exercise facility and the equipment located therein, and from any liability in any way growing out of my use of the exercise facility, including any and all known and unknown, foreseen and unforeseen bodily and personal injuries and property damage and the consequences thereof resulting from such use.

I specifically understand that I am waiving and releasing IVY PHYSICAL THERAPY, P.A. from any claims I may have in the future related by my use of the HPER CENTER.

I further agree to abide by all the rules and regulations promulgated by IVY PHYSICAL THERAPY, P.A. for use of the exercise facility.

**THE UNDERSIGNED HAS READ THE FOREGOING
RELEASE AND FULLY UNDERSTANDS IT.**

Signature

Date

Ivy Physical Therapy, PA

HPER Rules/Regulations

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Fees:

- Monthly dues are collected on the 1st of each month. If you have not paid in full by the 5th, your membership will be placed on “hold” and your card will be deactivated.
- A **\$5.00** deposit is required for the 24 hr access card. You will receive your \$5.00 deposit when your card is returned to staff.
- A member may take a “leave of absence” for up to 3 months. The membership will be placed on “hold” and the card will be temporarily deactivated. If the membership has not been renewed or terminated following the leave of absence, the membership will automatically be terminated.
- Automatic payments may be made by credit card. Your membership will be automatically renewed monthly until a written request is submitted to the staff. Cancellation of automatic payment requires a 30-day notice.
- A member may change/upgrade their membership at any time. Members will pay the pro-rated rate for the upgrade and any additional charges as listed in the fee schedule.
- Members who join after the 10th of the month will be pro-rated for the remainder of the calendar month.

Rules/Regulations of Facility:

- Physical Therapy patients have priority use of equipment during therapy sessions
- Closed footwear only
- No denim pants/shorts
- Equipment must only be used for its intended purpose
- Must be 16 years of age to use equipment. Dependents under the age of 16 MUST be under the DIRECT SUPERVISION of the parent/account holder at all times.
- Weights must be returned to weight stack after use
- Clips must be used with plate weights
- Do not drop or slam weights or weight stacks
- Offensive behavior, music, or swearing will not be tolerated
- “Piggybacking” is not tolerated; member will be charged a \$25 fee and membership may be terminated
- Guests are allowed to pay \$8.00 day use fee:
 - Sign-in on the sheet with the member name and guest name
 - Place payment in the honor vault
- Code-sharing is not allowed; guests must enter with member to use facility
- Ask for assistance when changing channels; majority rules
- Please be courteous of others when using the bathroom and shower facility. Limit your time accordingly.
- Any equipment damage may be charged to your account unless otherwise reported to staff.
- Children may NOT be on the gym floor for any reason, at any time. Please drop off your children in the childcare room immediately upon arriving at the gym. Children must remain in the childcare room until you are ready to leave.

Any breach of the above mentioned rules may result in membership termination.

I agree to abide by the above mentioned rules.

Member

Staff