



## *Welcome to Pro Performance, LLC!*

We are Morgantown's sport-specific training center. We offer memberships, lessons, camps, clinics, tournaments, leagues, performance counseling, and speed and agility training in a variety of sports. Currently, we have baseball, softball, soccer, football, and lacrosse opportunities.

### Membership Personal Data Form

Name: (First) \_\_\_\_\_ (Last) \_\_\_\_\_ (MI) \_\_\_\_\_  
Preferred Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Emergency Contact (Name): \_\_\_\_\_ Emergency Phone: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Gender: \_\_\_(M)\_\_\_(F) Date of Birth: \_\_\_\_\_  
Physician (Name): \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Please check any sport/activity that you are involved with or interested in:

Baseball  Softball  Soccer  Lacrosse  Football  Weights

Please read and complete our Pre-exercise Checklist: Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before participating in certain physical activities. Please read these questions carefully and answer each one honestly:

Do you know of any reason why you should not take part in physical activity? Yes No

If yes, explain: \_\_\_\_\_

Are you currently taking any medications? Yes No

If yes, list: \_\_\_\_\_

Member Signature: \_\_\_\_\_

\*If you answered "yes" to any of the above questions, a medical clearance may be required prior to participation in the Pro Performance, LLC activities.

Barcode ID #: \_\_\_\_\_ DATE: \_\_\_\_\_

How did you hear about us? (circle one) TV Radio Friend Newspaper Other \_\_\_\_\_

# Membership Contract & Liability Release Form

Member Name: \_\_\_\_\_ Join Date: \_\_\_\_\_

Individual     2nd Family Member     3rd Family Member     Additional Family Members

Set-up Fee(s): \$25.00 ( x \_\_\_\_\_ = \$ \_\_\_\_\_ )

Payment Method:

Prorated Fee: \_\_\_\_\_

Cash

Membership Fee:  Monthly \_\_\_\_\_

Check

6 Months (10% off) \_\_\_\_\_

Credit Card

12 Months (15% off) \_\_\_\_\_

Electronic Funds Transfer

Total Initial Cost: \_\_\_\_\_ Next Membership Dues Charge Date: \_\_\_\_\_

## READ CAREFULLY BEFORE SIGNING AND INITIAL EACH PARAGRAPH AS YOU READ:

- \_\_\_\_\_ 1) I understand that there is an inherent risk of physical harm associated with participating in a fitness activity and related use of the Pro Performance, LLC facility. I understand that it is my responsibility, before participating in any activity at Pro Performance, LLC, to inform my personal physician of my intentions, so that he/she can determine if participation is appropriate.
- \_\_\_\_\_ 2) I understand that in the event I do not know the proper operation of any equipment utilized in the Pro Performance, LLC facility that I should seek consultation with a member of the Pro Performance, LLC staff before using the equipment. I understand that it is my responsibility to promptly report any broken facility equipment to a member of the Pro Performance, LLC staff.
- \_\_\_\_\_ 3) I understand that while exercising, there is the possibility that any of the following may occur: changes in blood pressure, heart rhythm changes, fainting; and in rare instances, heart attack, stroke, or even death.
- \_\_\_\_\_ 4) I agree to release and hold harmless Pro Performance, LLC, its affiliated entities, their respective employees, agents, directors, and officers, from and against any and all liability, costs, and damages arising from my participation in any activity at Pro Performance, LLC.
- \_\_\_\_\_ 5) I certify that, to the best of my knowledge, I have not withheld any pertinent information relating to my personal health or physical condition.
- \_\_\_\_\_ 6) I have read the Policies and Procedures. I understand that Pro Performance, LLC reserves the right to terminate my membership if any of these policies are violated.
- \_\_\_\_\_ 7) I agree to allow photographs of myself and/or my children/dependents to be used in any marketing/advertising publications by and for Pro Performance, LLC.

### NOTICE TO PURCHASER: DO NOT SIGN THIS CONTRACT UNTIL YOU READ IT.

This is a contract for a monthly membership, which means that you may receive a bill in the mail. Dues will be posted to your account each month for your membership until your membership is terminated. If you wish to terminate your membership, you must turn in a signed Pro Performance Termination Form before your next billing date. Upon terminating your membership, you are responsible for all posted membership dues up until your membership is cancelled. All contracts entered into by the member automatically renew for the term in which was originally agreed upon, unless the member turns in a signed Pro Performance Termination Form before, or within one month of renewal date.

Members who terminate their memberships or whose memberships have lapsed due to non-payment are required to restart their membership by paying the initiation fee and the newest monthly fee for your membership type. Your membership can be frozen for up to 3 months, once per year. In order to do so, you must fill out an "Account Freeze" form available at the front desk. Dues will not be posted for the duration of a freeze.

I HAVE READ THIS CONTRACT IN ITS ENTIRETY, AND I AGREE TO ALL TERMS HEREIN. I HAVE READ AND WILL ABIDE BY ALL OF THE PROGRAM POLICIES AND PROCEDURES. I AGREE TO PAY IN FULL THE ENTIRE AMOUNT OF MY MONTHLY MEMBERSHIP AND AGREE THAT NO MODIFICATION OR REFUND OF THE MONTHLY MEMBERSHIP AGREEMENT CAN BE MADE ONCE I HAVE ENTERED INTO THIS CONTRACT.

Member Signature (Parent or Guardian): \_\_\_\_\_ Date \_\_\_\_\_

Witness: \_\_\_\_\_ Date \_\_\_\_\_