

Call us: 937-241-6197

Email us:
arcanumcommunityfitness@gmail.com



Location:
17 W. George St
Arcanum OH, 45304

1.) First Name		Last name		Member Number	
Home street address			City		State
Mailing address (if different than above)			City		State
Home or cell Phone		Drivers License #		Email address	
Date of Birth	Age	Gender	Emergency Contact Person		Emergency Contact Phone
/	/				
2.) Youth section (please complete this information if you are under the age of 18 years old)					
Name of guardian or parent you live with (This person must sign your application BEFORE you can be admitted to this Gym)				Their Work or cell Phone	
First name:		Last name:			
This person is my (please circle one)					
Mother	father	Brother/Sister	Other relative	Foster parent	Guardian
Your School			Grade		
3.) Family Section (List all family members on your membership)					
Name:	Date of Birth		Male or Female		Relation to you
1.					
2.					
3.					
4.					
5.					
6.					

4.)To Be Completed By Arcanum Community Fitness LLC Personnel

Only Joiner registration fee _____ 0 _____

Initial Payment Due Today _____

Membership rate _____

Billing date and will bill 1st month _____

Monthly processing fee _____ Initial

payment method (circle one)

Cash Check Check# _____ Visa MasterCard

5.)Membership Type: Circle one

Youth Adult Couples Family Senior

Credit Card/Bank Draft Authorization

I hereby authorize Arcanum Community Fitness LLC to debit the amount of my dues/ fees each month from my bank or credit card account number listed below in accordance with the terms and conditions of this membership agreement. Additionally Arcanum Community Fitness Gym will have the right to apply a “statement fee” to my account for any transactions not debited electronically. I understand that I am in full control of my payment obligations and options. I have read and understand the “Payment Obligations” and “Credit Card/Bank Draft Authorization” sections 14 and 15 of this form.

Date of debit will be **1st of the Month** Account to debit: Visa MasterCard

Name(s) as it appears on bank or debit card account _____

Credit card# _____ Exp Date: _____ Security code _____ Zip Code _____

6.) Agreement Acceptance

Agreement Terms

Sign here to choose and lock into our 2-year agreement membership

_____ Date _____

Sign here to choose and lock into our 1-year agreement membership

_____ Date _____

I have read all of this completed application rules etc. and believe all information contained herein to true and correct. I further understand that this form constitutes the entire agreement between me and Arcanum Community Fitness LLC and I agree to be bound by all terms, conditions, representations and caveats contained herein. All Gym membership dues are processed 1st of the month via you the Arcanum Community Fitness Gym LLC members credit or debit card. **Any declined payment from your debit or credit card will result in a \$5.00 fee along with your monthly dues. \$10.00 charged on the 1st of the month and \$20.00 after the 5th of the month.** If you the primary member on the agreement fail to honor this agreement and to make the monthly payments then the balance along with all late fees etc. can be subject to be turned over to a collections agency. After your agreement terms are met you then go into month to month phase with dues still being due on the 1st of the month.

Primary member Signature: _____

Parent /Guardian or Other Member Signature: _____

Date of Agreement: _____

Agreement and Initial Payment was

Accepted by : _____

Please sign below stating that you (Arcanum Community Fitness Member) have received and understand all the rules and regulations of Arcanum Community Fitness Gym and will abide accordingly.

Arcanum Community Fitness Gym Member _____ Date _____

Acknowledgement of Waiver of Liability and Release

You acknowledge that you have carefully read the “Waiver and Release” in section 18 of this agreement. You are aware and agree that by executing this waiver and release, you are giving up your right to bring legal action or assert a claim against Arcanum Community Fitness Gym LLC. You voluntarily accept the waiver and release and further agree that no oral or written representation, statement, or inducement apart from this written agreement have been made. You understand that violations of the terms of this agreement may result in loss of membership privileges (without financial refund) at the sole discretion and direction of Arcanum Community Fitness Gym staff.

Primary Member Initial _____

As the parent or legal guardian of the above named minor I acknowledge for both myself and the above named minor, that:

1. The above named minor has my express permission to participate in all activities and programs available for youth at Arcanum Community Fitness Gym LLC.
2. We both request that the above named minor be accepted as a member of Arcanum Community Fitness Gym.
3. We both accept and agree to the above mentioned waiver of liability and release.

If Primary Member is under 18, Parent or Guardian must also Initial _____