



Lakeway Aquatic Therapy & Wellness Center

P.O. Box 342348, 900 Ranch Road 620 South, Ste. A103, Lakeway TX 78734-004

Phone: 512-261-0620, Fax: 512-261-9441, www.lakewayaquatics.com

MEMBERSHIP REGISTRATION FORM

Last Name: _____ First Name: _____

Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Mobile Phone #: _____

Date of Birth: _____ Age: _____ E-mail: _____

Standard Gym Membership:

Monthly unlimited \$30.00

Manual Treatments \$37.50 every 15mins

Form must be signed if you would like LAWC to charge your credit card monthly.

I hereby authorize Medley Swim Systems, Inc. dba;

Lakeway Aquatic Therapy & Wellness Center to charge my credit card monthly.

If I wish to discontinue my membership I will give a 30 day notice requesting the charges be stopped.

Member Signature: _____ Date: _____

Credit Card #: _____ Exp. Date: _____



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General Information/Health History

Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: () _____ Work Phone: () _____

Fax Number: () _____ E-mail: _____

Employment: _____

Date of Birth: _____ Age: _____ Gender: _____

Person to Contact in Case of Emergency: _____

Phone Number: _____ Relationship: _____

Do you or have you had any of the following:

- | | | |
|--|-----------|----------|
| 1. History of heart problems, chest pain or stroke | _____ YES | _____ NO |
| 2. Increased blood pressure | _____ YES | _____ NO |
| 3. Any chronic blood pressure | _____ YES | _____ NO |
| 4. Difficulty with physical exercise | _____ YES | _____ NO |
| 5. Advice not to exercise (medical professional) | _____ YES | _____ NO |
| 6. Recent surgery (last 12 months) | _____ YES | _____ NO |
| 7. Pregnancy (now or within last 3 months) | _____ YES | _____ NO |
| 8. History of breathing or lung problems | _____ YES | _____ NO |
| 9. Muscle, joint or back disorder | _____ YES | _____ NO |
| 10. Any previous injury still affecting you | _____ YES | _____ NO |
| 11. Diabetes or thyroid condition | _____ YES | _____ NO |
| 12. Cigarette smoking or other tobacco habit | _____ YES | _____ NO |
| 13. Obesity (more than 20% over ideal body weight) | _____ YES | _____ NO |
| 14. Increased blood cholesterol | _____ YES | _____ NO |
| 15. History of heart problems in immediate family | _____ YES | _____ NO |
| 16. Hernia or any other conditions | _____ YES | _____ NO |



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I _____ have enrolled in a program of strenuous physical activity including but not limited to weight training and exercise program offered by Lakeway Aquatic Therapy & Wellness Center. I hereby affirm that I am in good physical condition and do not suffer from any disability which would prevent or limit my participation in this exercise program.

In consideration of my participation in Lakeway Aquatic Therapy & Wellness Center exercise program or an individual program, I, _____ for myself, my heirs and my assigns, hereby release Lakeway Aquatic Therapy & Wellness Center and their employees from any claims, demands and causes of action arising from my participation in the exercise program.

I fully understand that I may injure myself as a result of my participation in Lakeway Aquatic Therapy & Wellness Center's exercise program, and I _____,

Hereby release Lakeway Aquatic Therapy & Wellness Center and it's employees from any liability now or in the future including, but not limited to heart attacks, slips and falls, muscle strains, pulls or tears, broken bones, shin splints, heat prostration, miscarriage, knee/lower back/foot injuries and any other illness, soreness or injury however caused, occurring during, or after my participation in the exercise program.

Print Name: _____

Signature: _____

Date: _____