

# GYM MEMBER REGISTRATION FORM



[Your gym's logo]

## PERSONAL INFORMATION:

- Full Name: \_\_\_\_\_
- Date of Birth: \_\_\_ / \_\_\_ / \_\_\_\_\_
- Address: \_\_\_\_\_
- City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION:

- Full Name: \_\_\_\_\_
  - Phone Number: \_\_\_\_\_
  - Relationship: \_\_\_\_\_
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## HEALTH & FITNESS INFORMATION:

- Do you have any medical conditions or injuries we should be aware of? (If yes, please explain)  
\_\_\_\_\_
  - Fitness Goals: (e.g., weight loss, muscle gain, general fitness)  
\_\_\_\_\_
- 

## MEMBERSHIP OPTIONS:

Please select one:

- Monthly
  - Quarterly
  - Annual
  - Other (please specify): \_\_\_\_\_
-

## PREFERRED PAYMENT OPTIONS:

Please choose your preferred payment method:

- Credit/Debit Card
  - Visa
  - MasterCard
  - American Express
- Direct Debit/Bank Transfer
- Mobile Payment (Apple Pay, Google Pay)
- PayPal
- Cash (In-person payments only)
- Other: \_\_\_\_\_

I authorize the gym to automatically charge my selected payment method for membership renewals and other related charges. I understand that I can update or cancel this authorization at any time.

Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

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## CONSENT AND WAIVERS:

**1. Exercise at Your Own Risk:** I understand that participating in physical activity at this gym carries risks. I agree to exercise at my own risk and acknowledge that the gym is not responsible for any injuries or health issues that may arise. I have consulted with my physician and am fit to undertake an exercise program.

Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

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**2. Marketing Consent:**  I consent to receive marketing communications, newsletters, and promotions from the gym via email, SMS, or phone. I understand that I can unsubscribe at any time by following the instructions provided in the communications.

Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

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**3. Consent to Use of Image:** I give permission for the gym to take photographs or videos of me during workouts or gym events for promotional purposes (social media, website, advertising). I understand that I will not receive compensation for the use of these images.

Yes  No

Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

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**4. Personal Data Protection:** I understand that my personal data will be processed in accordance with applicable privacy laws, including the General Data Protection Regulation (GDPR) and the California Consumer Privacy Act (CCPA). The gym will collect, store, and use my personal data for membership management, billing, and communication purposes. I acknowledge that I have the right to access, correct, or request deletion of my personal data by contacting the gym.

Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

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### ACKNOWLEDGEMENT:

By signing below, I confirm that I have read and understood the gym's terms and conditions, including the waivers, consents, and privacy policies outlined above.

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

Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

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### GYM REPRESENTATIVE:

- Name: \_\_\_\_\_
  - Signature: \_\_\_\_\_
  - Date: \_\_\_ / \_\_\_ / \_\_\_\_\_
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