



CAMERON PARK
**PHYSICAL
 THERAPY**
 CENTER

1060 Camerado Drive
 Cameron Park, CA 95682
 (530) 676-7184

Membership Agreement

PERSONAL INFORMATION

Account # _____

First Name _____ MI. _____ Last Name _____ Phone # _____ Cell # _____

Address _____ Apt # _____ City _____ State _____ Zip _____ DOB _____

E mail _____ Employer _____ Work Phone # _____

Secondary Members Name _____ DOB _____ Emergency Contact Name / Phone # _____

How did you hear about us?

Prior Patient Friend (name) _____ Other (list) _____

Walk-in Flyer Ad (name) _____

FEES & DUES

	Primary	Secondary	Membership Begins	Ends
Enrollment Fee	\$ _____	\$ _____		
Prorated Dues	\$ _____	\$ _____		
First Month Dues	\$ _____	\$ _____	<input type="checkbox"/> 1 Year Monthly	<input type="checkbox"/> Add On
Last Month Dues	\$ _____	\$ _____	<input type="checkbox"/> Month to Month	<input type="checkbox"/> Corporate
Other	\$ _____	\$ _____	<input type="checkbox"/> 1 Year Paid in Full	
Total Collected	\$ _____	\$ _____		

Paid By: Check (# _____) CC Debit Cash

I authorize my bank to make payment to Cameron Park Physical Therapy Center as listed below, and post to my account. My first monthly automatic draft will begin on ____/____/____.

Checking Account Info. (Attach Voided Check):

Bank: _____ Routing/Transit #: _____ Account # _____

Credit Card Info:

Visa MC Account # _____ Exp. Date _____

Terms:

I understand and agree that I (we) am obligated to pay the monthly dues for a minimum period of 12 months unless otherwise stated, beginning with the first payment due under this agreement. Upon completion of the minimum monthly period, stated above, this membership will continue on a month to month basis at the then current rate until cancelled in writing. If this membership is paid in full at time of joining, it will expire on the term above. I, the buyer understand that I am in full control of my payment and if a t anytime I discontinue with my auto payment, I will do so by advising Cameron Park Physical Therapy Center in writing 30 days prior to effective cancellation as outlined under "cancellations" on this agreement. I understand that written notice of cancellation or completed cancellation form, must be given by the 1st day of the month, to allow CPPT to effectively stop any automatic payment arrangement. **Oral requests for cancellations or changes to payment account information are not considered valid and will not be accepted.** I understand that CPPT may offer charge privileges for services and products within the facility. Any charges must be signed and authorized by the buyer at the time of sale to be valid. **By signing this agreement I authorize Cameron Park Physical Therapy Center to deduct the balance owed on this membership account inclusive of monthly authorized charges, fees, dues, automatically from my bank account or credit card on the due dates.**

Buyer Signature _____

Date _____

Nature of Membership: Membership entitles you to use Cameron Park Physical Therapy Center's premises, facilities, equipment and services (Facility) at the location identified. Membership does not give you any ownership or rights in Cameron Park Physical Therapy Center, its management, property, or operation. Cameron Park Physical Therapy Center may sell memberships at different rates or terms than yours.

Dues, Fees, & Costs: Member agrees to pay the monthly membership dues shown. If Member is under the age of 18, a parent must guarantee payment. Cameron Park Physical Therapy Center immediately earns the enrollment and processing fees when Member buys the membership. These fees and any prepaid monthly dues are not refundable. Cameron Park Physical Therapy Center charges \$20 if any payment is over 5 days late or returned unpaid for any reasons. If Member has a Monthly Membership, Cameron Park Physical Therapy may modify your monthly dues at any time upon 30 days written notice.

Add on Membership: In order to qualify as an "Add on Membership" Member must be a family member (between the age of 13 and 17 years old) of a Cameron Park Physical Therapy Center member ("Sponsoring Member") and reside at the same residence as the Sponsoring Member. Add-On Memberships will be twelve (12) months in duration and are subject to the same terms and conditions as those that apply to the Sponsoring Member's Agreement with Cameron Park Physical Therapy Center.

Membership Medical Hold: You may request Cameron Park Physical Therapy Center to inactivate your membership for a 2 to 6 month period for medical reasons if you provide Cameron Park Physical Therapy Center with a medical release form. Cameron Park Physical Therapy Center may, in its sole discretion approve your request if (1) you are current on your financial obligation, and (2) you pay a hold fee of \$15 per month. This fee must be paid in advance. During the hold period, Member cannot use Cameron Park Physical Therapy Center and Member is not obligated to pay regular monthly dues.

Minor Child Membership: A parent must sign on the behalf of a member (under 18 years old) and in doing so assumes responsibility for all the terms and conditions of this agreement (including payment of all enrollment fees, processing fees, and monthly dues).

Temporary Unavailability: Cameron Park Physical Therapy Center may close its Facility for selected holidays, and other hours based on municipal requirements. Cameron Park Physical Therapy Center may delete, change, discontinue, repair or replace particular parts of the Facility without any effect on this agreement and its obligations. If all or a majority of the Facility is unavailable for more than 7 days for any reason, Cameron Park Physical Therapy Center will extend your membership, without dues, for the same period the Facility was unavailable.

Voluntary Termination: Member may voluntarily terminate the Agreement at any time on 30 days notice. Membership will terminate 30 days following the giving of such notice or on the expiration of this initial 1 year term (if any) whichever is later. However early termination of the contract will result in a fee of \$60 per month for the remaining months left on the contract due at time of termination.

Cancellation on Change of Residence: If member moves more than 25 miles from your enrollment facility, member shall be relieved from the obligation of making payment for services other than those received prior to move. If member has prepaid any sum to Cameron Park Physical Therapy, so much of sum as is applicable to services member has not taken shall be promptly refunded. In all cases, member needs to provide Cameron Park Physical Therapy Center acceptable evidence of change of residence that may consist of the following (1) utility bill with new address; (2) change of address form with official Post Office seal; (3) executed escrow document for purchase of a new residence; or (4) a newly issued drivers license with the new address. However, if member exercises the right of cancellation due to a change of residence pursuant to this section, member will be charged a fee \$100, or if more than half of the life of the contract has expired, a fee of \$50. Any enrollment fees or dues will be refunded in the case of cancellation due to change of residence.

Termination for Cause: Cameron Park Physical Therapy Center may, at its option, terminate your membership if (1) you are over 30 days late, or repeatedly late, paying your dues, (2) your automatic monthly dues are interrupted or discontinued for any reason and you do not provide an acceptable alternative, (3) you fail to follow any of Cameron Park Physical Therapy Center's Facility Rules or violate any part of this agreement or (4) your conduct is improper, harmful or contrary to the best interest of Cameron Park Physical Therapy Center or its members. Termination is effective on the date Cameron Park Physical Therapy Center mails a written notice to your last known address.

Effect & Financial Obligation: Upon cancellation or termination of your membership, your right to use Cameron Park Physical Therapy Center Facility ends and Cameron Park Physical Therapy Center can deny Member access to the Cameron Park Physical Therapy Center's Facility. If Members owe Cameron Park Physical Therapy Center any money when your membership ends, Member still owes the money, and Cameron Park Physical Therapy Center will deduct it from any refund Member may have coming. If there isn't enough to cover the debt in the refund, then Member must pay it off, or Cameron Park Physical Therapy Center will pursue its legal right to collect the funds. When terminating membership, Member must send written notice (certified mail suggested) and proof of the events. Cancellation is effective as of the date Cameron Park Physical Therapy Center receives sufficient written documentation and any applicable fees via US mail. A 30 day processing period is required for all transactions.

Representations: Member represents that Member is in good physical condition and has no medical reason, impairment or disability that might prevent Member from using the Cameron Park Physical Therapy Center Facility. Member acknowledges that Cameron Park Physical Therapy Center did not give Member medical advice before member joined, and cannot give Member any after Member joins, relating to your physical condition and ability to use the Facility. If Member has any health or medical concerns now or after Member joins or starts using the Facility, first consult your doctor for advice.

Limited Use: If, at the time Member signs this agreement, Member knows or Member should know that Member has any problem that may prevent Member from using all of Cameron Park Physical Therapy Center's Facility, Member agrees that his or her membership is limited accordingly. However, because it is your choice, Member still must pay monthly dues as if Member could use all of the Facility.

Health Questionnaire Not Medical Advice: Member acknowledges that Cameron Park Physical Therapy Center does not diagnose health problems, and Cameron Park Physical Therapy Center has advised Member to discuss the appropriateness of the Cameron Park Physical Therapy Center Program with your doctor. The Cameron Park Physical Therapy Center Health Questionnaire is nothing more than guidance for deciding your goals. The fact that Cameron Park Physical Therapy Center accepts Member into the Cameron Park Physical Therapy Center Program based on the questionnaire and your representations is not a medical judgment that Member is medically, physically or mentally able to participate in the Cameron Park Physical Therapy Program. The Cameron Park Physical Therapy Center Program should not replace any dietary restrictions or medical recommendations from your doctor.

Membership: Cameron Park Physical Therapy Center specifically prohibits membership discrimination on the basis or race, color, religious affiliation, ancestry, national origin, age, disability, sex, or sexual orientation political affiliation or similar grounds.

Liability for Property: Cameron Park Physical Therapy Center is not liable to Member or any guest of Member for articles, including and automobile or its contents, that are damaged, lost or stolen while in or about Cameron Park Physical Therapy Center's premises. If Member or your guest causes any damage to Cameron Park Physical Therapy Center's Facility, Member is liable for its cost of repair or replacement.

Entire Agreement & Enforcement: Regarding you membership, Member acknowledges that neither Cameron Park Physical Therapy Center nor anyone else, made any representations or promises upon which Member relied that are not stated in the agreement. This document contains the entire agreement between Member and Cameron Park Physical Therapy Center and replaces any oral or other written agreement. If a court declares any provision in the Agreement invalid, void or unenforceable, it will not invalidate the remaining provisions, which continue in full force and effect. If Cameron Park Physical Therapy Center does not enforce any right under this Agreement for any reason, Cameron Park Physical Therapy Center does not waive its right to enforce it later.

Assumption of risk, release & indemnity: The use of facilities naturally involves the risk of injury to you, whether Member or someone else causes it. As such, Member understands and voluntarily accepts this risk and agrees that Cameron Park Physical Therapy Center will not be liable for any injury, including without limitation, personal, bodily or mental injury, economic loss or any damage to you, your spouse, guests, or relatives resulting from the negligence or other acts of Cameron Park Physical Therapy Center or anyone else using the Facility. If there is a claim by anyone based on any injury, loss or damage, which involves Member or your guest, member agrees to (1) defend Cameron Park Physical Therapy Center against such claims and pay Cameron Park Physical Therapy Center for all expenses relating to the claim and (2) indemnify Cameron Park Physical Therapy Center for all liabilities to you, your spouse, guests, relatives, or any one else, resulting from such claims.

Arbitration of disputes: All claims and disputes between Member and Cameron Park Physical Therapy Center involving amounts in excess of \$1,000, will be submitted to binding arbitration to be conducted before a single, neutral arbitrator under the rules of the American Arbitration Association. This means that neither Member nor Cameron Park Physical Therapy Center can sue each other in court in regards to such claims or disputes, and both Member and Cameron Park Physical Therapy Center waive the right to trial by jury. The appointed neutral arbitrator may conduct a hearing and render a decision in your absence if, after due notice Member fails to appear. Claims and disputes covered by this Agreement to arbitrate include all matters relating to this Agreement and your membership including, without limitation, moneys, Facility, representations and injuries to person or property.

Notice To Members

Notice Required by Law: Member holder of this agreement is subject to all claims and defenses, which the debtor assert against the seller of goods and services, obtained pursuant hereto or with the proceeds hereof. Recovery hereunder by the debtor shall not exceed amounts paid by the debtor hereunder.

Do not sign this membership agreement before reading its entirety. The member is entitled to a copy of this agreement. The member acknowledges that they have been told: (A) That this document is an agreement and will become legally binding upon its acceptance by Cameron Park Physical Therapy Center; (B) the terms and conditions of this agreement; (C) that the member acknowledge that the member has examined the facilities and that the member accepts them in the present condition, and the member assumes any and all risk involved in the use of the facility and equipment; (D) there are no warranties either expressed or implied which extend beyond this agreement.

The undersigned member has read, understands and agrees to be bound by the attached rules and regulations as part of this agreement. Cameron Park Physical Therapy Center (A) the terms and conditions of this agreement; (B) that the member acknowledges that the member has examined the facilities and has accepted them in the present condition, (C) the facility may change the rules and regulations from time to time, at its sole discretion. If any part of this agreement is held invalid or unenforceable, the remainder of this agreement shall remain in full force and effect.

You the buyer may cancel this agreement at any time prior to midnight of the third business day, after the date of this agreement, excluding Sundays and holidays. To cancel this agreement, mail or deliver a signed and dated notice which states you the buyer, are canceling the agreement. Such notice shall be sent to Cameron Park Physical Therapy Center at the address listed at the top of this agreement.

The total term of the agreement is _____ months.

Any member who is under the age of 18 must have a parent or legal guardian co-sign and guarantee this agreement. The co-signer, along with the member, agrees to be bound by all the terms and conditions of the agreement.

Member signature

Date

Cameron Park Physical Therapy Staff Date

Legal Guardian if under age

Date



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Cameron Park, CA
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Cameronparkphysicaltherapy.com

NAME: _____

DATE: _____

AGE: _____ HEIGHT: _____ WEIGHT: _____

DOB: _____

PHYSICIANS NAME: _____

PHONE: _____

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

QUESTIONS	YES	NO
Has a doctor ever said that you have a heart condition and that you should only perform physical activity recommended by a doctor?		
Do you feel pain in your chest when you perform physical activity?		
In the past month, have you had chest pain when you were not performing any physical activity?		
Do you lose your balance between of dizziness or do you ever lose consciousness?		
Do you have a bone or joint problem that could be made worse by a change in your physical activity?		
Is your doctor currently prescribing any medication for your blood pressure or for a heart condition?		
Do you know of <u>any</u> other reason why you should not engage in physical activity?		

If you answered yes to any of the above questions we need a medical clearance from your physician before you begin

QUESTONS	YES	NO	EXPLAIN
Are you pregnant now or have you given birth in the last 6 months?			
Have you had a recent surgery?			
Do you have a chronic illness or physical limitations such as asthma or diabetes?			
Do you take medications, either prescription or non-prescription on a regular basis?			
Do you have any injuries or orthopedic problems such as back, shoulders, knees, etc...?			
Any other good physical reason not mentioned here why you should not participate in physical activities?			

Sign

Date



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Physician's Medical Clearance Form

Dear _____,

_____ wishes to participate in an exercise program here at Cameron Park Physical Therapy. In preparation for participating in the program this patient must have clearance and support of their physician. DOB: _____

I give permission for my physician to release my medical information to Cameron Park Physical Therapy.
Patient Signature: _____ Date: _____

Program (Circle):

Independent Gym Program

Group Fitness Classes

Personal Training

Adult Balance and Stabilization Program

This Program may include the following:

◆◆ We are seeking your recommendation regarding the above named patient's participation in this program.
Please check one:

_____ Yes, this patient is capable of participating in an exercise program without restriction.

_____ No, this patient should not participate in an exercise program.

_____ This patient is capable of participating in an exercise program with the
Following restrictions: (Please list)

Physicians Name: _____ Phone: _____

Physicians Signature: _____ Date: _____

Thank You! If you have any questions please call (530) 676-7184

Please Fax Completed Form to: (530) 676-7138