

LAKHMIBAI NATIONAL INSTITUTE OF PHYSICAL EDUCATION, GWALIOR
(MINISTRY OF YOUTH AFFAIRS AND SPORTS)

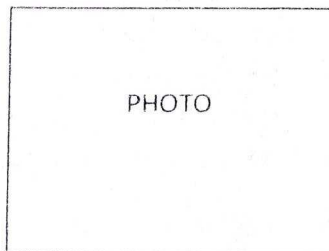
THE FITNESS CENTRE

(Shaping Your Body & Soul)

Membership No. _____

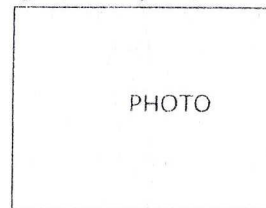
Joining Date _____

Expiry Date _____



Membership Category

Single, Couple, Family



Application for Membership

Please fill in this application & submit at the office of the Fitness Centre. A membership card will be issued only after obtaining the final approval of Hon'ble Vice-Chancellor.

Please read the Instructions the on reverse & sign the membership Agreement.

NAME: _____ SEX: _____

DATE OF BIRTH: _____ AGE: _____ PROFESSION: _____

RESSIDENTIAL ADDRESS: _____

E-MAIL ID: _____ Ph. _____ Mob. _____

PREFERRED TIME SLOT: _____ WEIGHT _____ HEIGHT _____

ANY ASSOCIATD MEDICAL PROBLEM: _____

RECOMMENDED BY _____ SIGN _____ (should be recommended by a faculty member of LNIPE)

I hereby declare that the above furnished information is true & correct and I accept all the rules & regulation.

DATE: _____

SINGATURE OF THE APPLICANT

MEMBERSHIP ACCEPTED YES/NO

VICE CHANCELLORS APPROVAL

Registration & Fee Receipt No. _____

Fee Paid Up to: _____

Allotted Time Slot: _____

Authorized Signature

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FITNESS CENTRE AGREEMENT

Waiver of Responsibility for personal Injury or property Damage of loss

I have read carefully the fitness centre rules and regulations promulgated by the management. I hereby apply for membership right to use the facilities of the fitness centre at LNIPE and agree that I will respect and observe the rules and regulations as they now exist or thereafter be established. In the event of my failure to do so, my membership may be cancelled immediately and no claim for refund of membership fees will be made by me.

It is agreed that the undersigned shall not bring or cause to be brought any action due to any personal damage that might result from the undersigned's participation in any activity in the fitness centre whether under the supervision of the instructor or by undersigned's own direction.

To restate, the undersigned agrees to accept full responsibility to hold harmless the fitness centre at LNIPE or all persons in the aforementioned employ.

Receipt of rules and regulations is hereby acknowledged.

Date: _____

Applicant Signature

Place: _____

Name: _____

LAKHMIBAI NATIONAL INSTITUTE OF PHYSICAL EDUCATION, GWALIOR

FITNESS CENTRE

PARTICIPAT HEALTH INFORMATION FORM

Name _____ Age _____

Address _____ Weight _____

_____ Height _____

Phone No. (M) _____ (R) _____

The information that is request is necessary in order to provide each participant with a safe and appropriate exercise experience. All information will be kept confidential.

1. Do you have physician's approval to participant in vigorous aerobic exercise experience. All information will be kept confidential.
2. Date of most recent medical examination _____
3. Name of the physician who completed the examination: _____
4. Please attach statement of physical's for you to participate in this activity, (where required by instructor)
5. Date of most recent resting electrocardiogram _____ Physician _____
6. Date of most recent exercise stress test _____ Physician _____

If you have been or are presently being treated for any of the following condition, please indicate by checking the appropriate spaces, also check any of the other appropriate spaces and provide the information that is asked. If you have any medical limitations that require program modification, I will work with you individually in order you with safe and enjoyable exercise experience.

_____ Hear Disease	_____ presently Pregnant
_____ High Blood Pressure	_____ Months
(Medication with dosage _____)	_____ Recently gave birth
_____ Diabetes _____ Type(_____)	Date _____
_____ Epilepsy	_____ Presently a smoker
_____ Allergies _____ Medication/Drugs	_____ Have Recently had surgery
_____ Environmental	(Please Specify) _____
_____ Migraine Headaches	_____
_____ Orthopedic Problems	_____
(Please Specify) _____	_____ Have Bad Knees
_____	_____ Have other joint problems
_____ Have recently been hospitalized	(Please Specify) _____
Please specify reason _____	_____
_____	_____ Have flat feet
_____	Estimated resting heart rate

Signature _____

Date of completion of this form _____