

10426 Taft Street • Pembroke Pines, FL 33026 • (954) 367-6875

Date of Birth:	Today	's Date:	
Member's First Name:	Last Name:		
Mailing Address:			
City, State Zip:			
Home Phone:	Cell Phone:		
Email Address:			
Emergency Contact:	Phone:		
Are you currently under the care of a doctor for any If yes, explain:	• •	N	
Do you have any prior or current injuries whichYN Explain: _			
What is your reason for attending PPHY? Weight Loss Cardio Fitne	essFirm & Tone Fun		Other
How did you hear about PPHY?Friend _	Magazine Bench	other	
Member understands and agrees that participal understands that the agreement to use PPHY, responsibility, and ZFRAN, INC. & PPHY shall actions arising due to injury to member's person of the services, facilities, and premises of of . If from a doctor before using any exercise equipal ZFRAN, INC., PPHY, its officers, owners, agent against them by member or on member's behalf acknowledge that ZFRAN, INC. (aka PPHY) if and promotional purposes, via but not limited to	or selections of exercise programs not be liable to member for any class on or property arising out of or in compensation of property arising out of or in compensation of participating in any exercise at and employees harmless from a fifter any such injuries or claims.	s, shall be at member's entire tims, demands, injuries, dan connection with the use by me to obtain a physical exam e class. Member hereby ho all claims which may be brou	e nages, or ember lds ught
Pay-as-You-Go & Passport Option			
Member understands that this type of members as noted on the rate sheet, at the time of purch Only one person per passport, unless additional	ase.		ime.
Contract and PIF Memberships:			
Contract memberships include an automatically memberships include unlimited access to spector checks for monthly payments as noted on the	ified classes. Member must leave	a credit card authorization	ıct

Date

Member Signiture