

IOWA SPORTS

MANAGEMENT

Name _____

Address _____

Telephone: Home _____ Business _____

Date of Birth _____ Age _____

Contact in case of emergency _____

MEDICAL HISTORY

1. Name and address of your personal physician _____

2. Date and reason last consulted _____

3. Date of last general physical examination. _____

4. What medication do you regularly take?
(Include patent as well as prescription drugs)

5. What medicine(s) are you taking now? _____

6. Have you been hospitalized in the last five years? (Reason) _____

FAMILY HISTORY

7. Father's state of health or cause of death _____

Mother's state of health or cause of death _____

Are your Brothers or Sisters in good health? (Specify) Yes No

8. Is there any family history of

	Yes	No
A. Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>
B. High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>
C. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
D. Asthma/Hay Fever	<input type="checkbox"/>	<input type="checkbox"/>
E. Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
F. Bleeding Tendencies/Anemia	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

Specify _____

	Yes	No
9. Have you ever been treated for or ever had or do you now have any known indication of:		
a. Disorder of eyes, ears, nose, or throat?	<input type="checkbox"/>	<input type="checkbox"/>
b. Dizziness; fainting, convulsions, headache, paralysis or stroke?	<input type="checkbox"/>	<input type="checkbox"/>
c. Shortness of breath persistent hoarseness or cough, asthma, or chronic respiratory disorder?	<input type="checkbox"/>	<input type="checkbox"/>
d. Chest pain, palpitation, high blood pressure, heart murmur, rheumatic fever, heart attack, or other disorder of the heart or blood vessels?	<input type="checkbox"/>	<input type="checkbox"/>
e. Diabetes, thyroid or other endocrine disorders?	<input type="checkbox"/>	<input type="checkbox"/>
f. Intestinal bleeding ulcer, hernia, or recurrent indigestion?	<input type="checkbox"/>	<input type="checkbox"/>
g. Neuritis, rheumatism, arthritis, gout, or disorder of the muscles or bones, including the spine, back, or joint?	<input type="checkbox"/>	<input type="checkbox"/>
h. Allergies, anemia, or other disorder of the blood?	<input type="checkbox"/>	<input type="checkbox"/>
10. Are you now under observation or care of your physician?	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you gained or lost much weight recently?	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you take 2 or more alcoholic drinks a day?	<input type="checkbox"/>	<input type="checkbox"/>
13. Do you drink more than six cups of coffee or tea a day?	<input type="checkbox"/>	<input type="checkbox"/>
14. Do you wear glases? Hearing aid? Dentures?	<input type="checkbox"/>	<input type="checkbox"/>
15. Do you get cramps in your legs during walking or exercise?	<input type="checkbox"/>	<input type="checkbox"/>
16. Do you bruise easily?	<input type="checkbox"/>	<input type="checkbox"/>
17. Have you ever had any traumatic injury of the bones or joints?	<input type="checkbox"/>	<input type="checkbox"/>
18. Do you smoke?	<input type="checkbox"/>	<input type="checkbox"/>
Above one pack a day?	<input type="checkbox"/>	<input type="checkbox"/>
19. Can you swim?	<input type="checkbox"/>	<input type="checkbox"/>
19. <i>Females only:</i> To your knowledge are you pregnant?	<input type="checkbox"/>	<input type="checkbox"/>

I, the undersigned, do hereby ascertain that all the above statements are true and correct.

Signature _____ Date _____

LONDON TERRACE TOWERS SWIM AND HEALTH CLUB

MEMBERSHIP REGISTRATION

NAME: _____

ADDRESS: _____

HOME PHONE: _____

I request to be registered as a member of the London Terrace Towers Swim and Health Club and agree that such membership shall be on the following terms and conditions:

1) Membership is strictly limited to bonafide residents of the block bounded by Ninth Avenue, Tenth Avenue, West 23rd Street and West 24th Street. The membership of the undersigned may be revoked if, in the sole discretion of London Terrace Towers Owners, Inc., it is determined that (a) the membership of the undersigned was wrongly obtained, (b) because of a change in membership standards by London Terrace Towers Owners, Inc., (c) the undersigned have violated the Rules, as described below, or (d) maintenance accounts are in default.

2) No person shall participate in a physical conditioning program using the pool and /or club facilities if he or she has a disability, impairment or ailment which would be adversely affected by such program. No person who is over the age of 35 or has a history of high blood pressure or cardiac problems shall undertake a program of physical conditioning or exercise using the Pool and/or Health Club facilities unless such program is approved by their physician.

3) Use of the Pool and/or club is subject to rules and regulations promulgated by London Terrace Towers Owners, Inc., the rules may be revised from time to time in the sole discretion of London Terrace Towers Owners, Inc. The rules are promulgated, in part, to ensure the safety of persons using the pool and the health club. The undersigned shall at all times comply with the rules that are in effect and shall cause their family members, invites and other persons (collectively, "Third Parties") to whom they may give access to the Pool and/or club to comply with the Rules.

4) The undersigned assume all risks involved in their violation of the Rules, and agree not to make any claim against London Terrace Towers Owners, Inc., London Terrace Towers Condominium, Insignia Residential Group, Inc., Iowa Sports Management, Inc. or their directors, board of managers, officers, shareholders, partners, employees, agents or contractors for damage to person or property sustained by reason of their violation of the Rules. The undersigned acknowledge having received a copy of the Rules currently in effect.

5) To the fullest extent permitted by law, the undersigned waives all claims against the Indemnitees for damage to person or property related to the undersigned's use of the Pool and/or club, if, and to the extent, such damage is covered by the undersigned's own insurance.

6) To the fullest extent permitted by law, the undersigned shall hold the Indemnitees harmless from and against any and all liability, cost and expense (including, but not limited to, attorney's fees and disbursements) incurred due to violation of this agreement by the undersigned or by Third Parties, and the undersigned shall reimburse the Indemnitees for the same, on demand. In addition to all other remedies available by law, any and all amounts owed pursuant to this agreement shall be deemed to be additional maintenance (rent) which is immediately due and payable under any proprietary lease between the undersigned and London Terrace Towers Owners, Inc., and the undersigned's failure to pay such amounts when due, shall constitute a material default under such lease.

7) The undersigned understand that the membership is neither refundable nor transferable. Misuse will result in revocation of membership without refund.

SIGNATURE: _____ DATE: _____

For Office Use Only

Membership Type Pool Full Facility Membership # _____

Proof of Residency (Attach) _____

Date Joined _____ Date Expires _____

Amount Received _____

Payment Type: Check () Check # _____

Money Order () M.O. # _____

HEALTH CLUB

FEBRUARY CLASS SCHEDULE

MONDAY

STEP

7:00 – 8:00 PM

(LENNA)

TUESDAY

YOGA

7:00 – 8:00 PM

(MICHELLE)

WEDNESDAY

BODYSULPTING

7:00 – 8:15 PM

(LENNA)

THURSDAY

KICKBOXING

6:45 – 7:45

(GARNER)

PILATES

7:45 – 8:45

(BONNIE)

SATURDAY

STEP & SCULPT

10:00 – 11:00 AM

(LENNA)

YOGA

11:15 AM – 12:30 PM

(MICHELLE)

SUNDAY

STRETCH TRAINING

11:00 – 11:45 AM

(LENNA)



LONDON TRADING COMPANY HEALTH CLUB

MEMBER INFORMATION

**GUESTS MAY ONLY USE THE FACILITY WHEN ACCOMPANIED
BY A RESIDENT.**

**RESIDENTS MUST PURCHASE A GUEST PASS AT EITHER THE
MANAGEMENT OFFICE OR INSIDE THE HEALTH CLUB.**

**GUEST PASSES APPLY ONLY TO THE PART OF THE FACILITY
TO WHICH THE RESIDENT(HOST) HAS PRIVILEGES, EITHER
THE POOL, OR BOTH THE POOL AND HEALTH CLUB.**

**GUEST PASSES ARE NOT TRANSFERABLE AND MUST BE USED
WITHIN ONE YEAR OF THE PURCHASE DATE.**

**EACH GUEST PASS IS GOOD FOR ONE PERSON PER DAY.
ADDITIONAL PASSES MUST BE PURCHASED FOR REPEAT
VISITS OR MULTIPLE GUESTS.**

**IT IS THE RESPONSIBILITY OF THE RESIDENT TO
FAMILIARIZE GUESTS WITH ALL THE RULES AND
REGULATIONS OF THE POOL AND HEALTH CLUB.**

**THE MEMBER IS RESPONSIBLE FOR ALL ACTIONS AND
DAMAGES CAUSED BY THEIR GUESTS.**

**ANY MEMBER ALLOWING ENTRANCE TO GUESTS AND THEN
LEAVING THEM ALONE, MAY BE SUBJECT TO SUSPENSION
OR PERMANENT CANCELLATION OF HIS/HER HEALTH CLUB
PRIVILEGES.**