



www.ctcfitness.com

**OWNERSHIP FORM**

**1. OWNERSHIP DETAILS**

Ownership Start Date: \_\_\_/\_\_\_/\_\_\_ Expiration Date: \_\_\_/\_\_\_/\_\_\_

Title: Mr/Mrs/Ms/Miss First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Ownership Type:  Member  Regular Attendee  Non-Member  Contiguous Neighbor

Category  One Person  2 Family Members  3 Family Members  4 Family Members

Ownership Term:  3 Month  6 Month  12 Month

**2. OWNER DETAILS**

Sex:  Male  Female D.O.B.: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_ years

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Do you consent to receive information from CTC Fitness via text and email? Yes / No

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Have you used a fitness center before? Yes / No (circle one)

**3. OWNERS DECLARATION & PAYMENT DETAILS**

I agree to pay the following fees in the manner of:

Cash/Check/Debit/Credit full amount \_\_\_\_\_ Monthly ACH Withdrawal Amount \_\_\_\_\_

*Please include "voided" check*

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

**4. OFFICE USE ONLY:**

Total Fees Received \$ \_\_\_\_\_ Payment Type: Cash Check Visa/MC ACH Form

Staff Initials: \_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ Ownership Number: \_\_\_\_\_

Fitness Center Intro Session Booked: Y / N Date: \_\_\_\_\_ Time: \_\_\_\_\_

**General Conduct**

1. Alcohol, non-prescription drugs and tobacco are not permitted.
2. Food and drinks cannot be allowed, only water permitted in facility.
3. Please report injuries, accidents, or equipment failures immediately to CTC Fitness staff.
4. Consulting a physician prior to engaging in physical activity is encouraged. CTC will be held harmless in the event of injury sustained from using CTC fitness center or equipment. .
5. Mature and respectful conduct is expected and required at all times; including the absence of profanity.
6. All patrons must comply with staff requests. The CTC Fitness staff has authority over facility conduct and use of equipment. Failure to comply may result in suspension of CTC Health & Fitness privileges.
7. A current, valid CTC fitness owner card is required before entering fitness area, and must be carried on person while in the fitness area. Attempting to enter the fitness area using a false identification could result in confiscation and/or suspension of Health & Fitness privileges.
8. When using equipment please be aware and consider other patrons who may be waiting to use this equipment.
9. All personal trainers will be selected through CTC.
10. All participants must be 16 years or older; or if age 13 – 15, must have adult, family/member supervision.
11. Appropriate athletic attire must be worn at all times. This includes clean, non marking, closed toed athletic shoes, athletic pants or shorts and t-shirts, sweat shirts, or full length tank tops. Patrons are not permitted to wear jeans, dress pants, button down shirts, skirts, short tank tops, sports bras alone or dress shoes.
12. Obtain an adequate knowledge of all equipment before attempting to use.
13. Dropping weights is prohibited, as it damages the floor. Please avoid propping the weights up against the walls, mirrors, and glass.
14. Free weights must be replaced after each use.
15. Any misconduct is to be reported to gymabuse@ctcfitness.com. All complaints will be viewed on cameras and followed up on.
16. Participants must have a towel (paper or cloth) to wipe equipment off after each use.
17. Aerobic machines have 20 minute increments (top of the hour, 20, and 40 after). Signing up for one increment at a time is permitted.
18. Exercise machines should be utilized in order to maintain flow when there are more than 4 persons using the equipment at a time.
19. Fitness Center will not operate during regular scheduled Church service times. The doors will be closed 15 minutes prior to evening services.
20. Any locker that is free can be used by owners, all locks must be removed by days end.

**Release and Indemnity**

I participate in the activity at my sole risk and responsibility

Name \_\_\_\_\_ Date \_\_\_\_\_

**AUTHORIZATION AGREEMENT FOR AUTOMATED CLEARING HOUSE DEBIT**

I HEREBY AUTHORIZE CHRIST TEMPLE CHURCH TO INITIATE DEBIT ENTRIES TO MY CHECKING AND/OR SAVINGS ACCOUNT INDICATED BELOW AT THE DEPOSITORY NAMED BELOW, HEREINAFTER CALLED DEPOSITORY, TO DEBIT THE SAME TO SUCH ACCOUNT. THIS AUTHORIZATION IS TO REMAIN IN FULL FORCE AND EFFECT UNTIL CHRIST TEMPLE CHURCH HAS RECEIVED WRITTEN NOTIFICATION OF TERMINATION IN SUCH TIME AND IN SUCH MANNER TO AFFORD CHRIST TEMPLE CHURCH AND DEPOSITORY A REASONABLE OPPORTUNITY TO ACT ON TERMINATION.

BANK NAME AND ADDRESS \_\_\_\_\_

BANK TRANSIT ROUTING NUMBER \_\_\_\_\_ CHECKING/SAVINGS ACCOUNT NUMBER \_\_\_\_\_

NAME \_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

**ATTACH A VOIDED CHECK FOR ACCOUNT  
& ROUTING NUMBER VERIFICATION**