



**F45 Renewal Form**

**Patron Information**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Date: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_

CWID: \_\_\_\_\_

OSU Affiliation: Undergraduate    Graduate    Faculty/Staff    Other

Method of payment: Cash    Check    Bursar account

Credit Card

**Emergency Contact Information:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_

(Complete and sign page 2)

# F45 Renewal Form

**Fitness History: (Please be as detailed as possible.)**

1. When was the last semester you participated in F45?

\_\_\_\_\_

2. Do you plan to exercise in addition to F45? Y N

3. Please specify any forms of exercise you know you cannot do.

\_\_\_\_\_  
\_\_\_\_\_

4. Do you smoke or have you quit smoking in the last 3 months? Y N

5. Do you have a hernia/other condition that could be aggravated by lifting weights? Y N

6. Are you currently pregnant or less than 3 months postpartum? Y N

7. Have you had any health changes since filling out your initial paperwork?

If yes, please describe: Y N

\_\_\_\_\_  
\_\_\_\_\_

**Expiration Notice: All F45 memberships will expire at the end of the semester for which they were purchased.**

**Refund Policy: F45 semester memberships are NON-REFUNDABLE.**

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_