



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: _____

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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 so, please describe:

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: _____