Membership Application

Tell us how you would like to use our 12-court pickleball and fitness center.

Fields marked with * are required. This application does not replace the final membership agreement.

Applicant Information

First name *

Last name *

Preferred name

Date of birth (MM/DD/YYYY) *

Mobile phone *

Email address *

Street address *

Unit

City *

State *

ZIP code *

Preferred contact method

How did you hear about us?

Membership Interest

Preferred membership option (final plans, prices, term, renewal, cancellation, and included services will be shown in the membership agreement)

- [ ] Monthly membership
- [ ] Annual membership
- [ ] Family or household option
- [ ] Not sure - contact me

Programs of interest

- [ ] Open play
- [ ] Leagues
- [ ] Clinics
- [ ] Private lessons
- [ ] Fitness training
- [ ] Tournaments
- [ ] Beginner orientation
- [ ] Youth or family programs
- [ ] Social events

Pickleball Profile

Self-described playing level

- [ ] New to pickleball
- [ ] Beginner
- [ ] Intermediate
- [ ] Advanced
- [ ] Competitive

Rating, if known

Preferred days and times

Primary goals

Emergency Contact

Contact name *

Relationship *

Phone *

Optional Communications

- [ ] I agree to receive optional promotional email from Gyration Fitness Center.
- [ ] I agree to receive recurring promotional text messages. Consent is not a condition of purchase.

  Message frequency varies. Message and data rates may apply. Reply STOP to cancel and HELP for help.

Acknowledgments and Signature

Please read each item. Final prices and contractual terms must appear in a separate membership agreement before payment.

Applicant Acknowledgments

- [ ] I certify that the information in this application is accurate and complete to the best of my knowledge.
- [ ] I understand this is an application only. Membership is not active until Gyration accepts my application and I receive, review, and sign the applicable membership agreement, including prices, term, renewal, cancellation, and refund terms.
- [ ] I agree, if admitted, to follow Gyration's current member policies and posted facility rules, including check-in, court reservations, guest access, appropriate conduct, equipment use, safety instructions, and operating hours.
- [ ] I understand pickleball and fitness activities involve physical exertion and risk. I will follow safety directions, use equipment as intended, stop activity when appropriate, and seek medical advice when I have questions about participation.
- [ ] I understand Gyration may use the information in this application to evaluate and administer membership, provide services, maintain safety and security, process authorized transactions, and communicate about my account.
- [ ] I understand photography or video may occur in public areas for safety or approved business purposes. Gyration should obtain any additional release required before using an identifiable image of me for advertising.

Member Experience and Facility Standards

The following standards are adapted for Gyration from common premium-club practices reflected in Equinox's public member policies:

- Check in at the front desk on each entry and present the approved membership credential or identification when requested.
- Treat members, guests, staff, and vendors respectfully. Harassment, threats, discrimination, aggression, and unsafe conduct are prohibited.
- Follow court schedules, posted hours, equipment instructions, guest procedures, and staff directions.
- Do not photograph or record in restrooms, changing areas, or other private spaces. Obtain permission before intentionally recording another person.
- Keep personal belongings secure and report hazards, injuries, damaged equipment, and serious incidents promptly.

Applicant Signature

Typed or printed legal name *

Date *

Staff initials

By signing below, I confirm the checked acknowledgments above. A typed name does not create membership until the separate membership agreement is completed.

Applicant signature *

Parent or guardian signature if required

For Gyration Use Only

Application received

Proposed membership plan

Proposed start date

Membership advisor

Membership agreement or account number

Form note: This application intentionally excludes membership prices, payment authorization, automatic renewal, cancellation, and refund terms. Those items should be presented clearly in the final membership agreement and reviewed for compliance with applicable California and local law.