



**COMMONWEALTH OF PENNSYLVANIA  
OFFICE OF ATTORNEY GENERAL**

BUREAU OF CONSUMER PROTECTION  
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**PLEASE NOTE:** This form is fillable and can be returned to the OAG by emailing it to:  
[rcummings@attorneygeneral.gov](mailto:rcummings@attorneygeneral.gov)

**Health Club Registration Application**

**PART I: Identification**

Name of Health Club			Telephone Number
Location of Health Club (Preferred mailing address for notices? <input type="checkbox"/> Yes <input type="checkbox"/> No)			
City	State	Zip Code	County
Name of Corporation, LLC, Partnership or Individual Owner			
Address (Preferred mailing address for notices? <input type="checkbox"/> Yes <input type="checkbox"/> No)			
City	State	Zip Code	County
Name of Contact Person		Title	
Telephone Number		Email Address	
Name & Addresses of Registered Agent (If Owner is located outside of PA)			Current Registration Number (if applicable)

**This Form is (check one):**

- A registration for a new health club or not previously registered
- A change to the health club's ownership or address information
- A change to a different Bond or Letter of Credit
- A change to Exempt Status  Other (please indicate):

*Membership agreements must be written in compliance with the Health Club Act.  
A health club contract that is not written in compliance with the Health Club Act is voidable at the option of the buyer.*

Will the Health Club be completed and operational the date health club contracts are signed by members?  Yes  No

If no, the date expected to be open for business \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Will the Health Club offer services during non-staffed hours?  Yes  No If yes, you must comply with the CPR requirements as outlined on page 4.

Approximate number of members \_\_\_\_\_

State the type of membership plans offered and their cost. Also state the cost of the initiation fee, if any. \_\_\_\_\_

**PART II: Ownership Information**

1. The Health Club identified in paragraph 1 above is a: (check one)

Corporation. State of registration:  Pennsylvania  Other: \_\_\_\_\_

Date of incorporation: \_\_\_\_\_

If not a PA Corporation, have you obtained a certificate of authority to qualify to do business in Pennsylvania?  Yes  No

Have you filed a Fictitious Name Statement with the Department of State?

Yes  No

Limited Liability Company (LLC). State of formation:  Pennsylvania

Other: \_\_\_\_\_

Date of formation: \_\_\_\_\_

If not a PA LLC, have you obtained a certificate of authority to qualify to do business in Pennsylvania?  Yes  No

Have you filed a Fictitious Name Statement with the Department of State?

Yes  No

Sole Proprietorship. Have you filed a Fictitious Name Statement with the Department of State?  Yes  No

Partnership. Have you filed a Fictitious Name Statement with the Department of State?  Yes  No

Other. Please specify type of business and state the form of business used to operate your Health Club: \_\_\_\_\_

2. Please state the names, titles and business addresses of all officers and directors of a corporation; members and managers of an LLC; general partners of a partnership; or in the case of a sole proprietorship, any person with an ownership interest in the Health Club. (Attach additional sheets if necessary):

Name	Title	Percentage of ownership	
Home Address	City	State	Zip Code
Name	Title	Percentage of ownership	
Home Address	City	State	Zip Code
Name	Title	Percentage of ownership	
Home Address	City	State	Zip Code
Name	Title	Percentage of ownership	
Home Address	City	State	Zip Code

**PART III: Financial Security Information**

- 1. Will the Health Club sell prepaid memberships?     Yes         No
- 2. What types of memberships will the health club sell? (Check all that apply)
  - Month-to-Month     Up to 12 months     12 to 24 months     24 to 36 months
- 3. The Health Club has satisfied the financial security requirement of the Health Club Act as follows (check one, and complete the blanks):
  - Obtained surety bond in the amount of \$ \_\_\_\_\_ from \_\_\_\_\_ and has filed a Certificate of Financial Security with this application. Attach the Certificate of Compliance and original surety bond to this application. Name of Contact Person at the Financial Institution \_\_\_\_\_ Telephone number \_\_\_\_\_
  - Obtained an irrevocable letter of credit in the amount of \$ \_\_\_\_\_ from \_\_\_\_\_ and has filed a Certificate of Compliance with this application. Attach the Certificate of Financial Security and letter of credit to this application. Name of Contact Person at the Financial Institution \_\_\_\_\_ Telephone number \_\_\_\_\_
  - Health Club is exempt from filing financial security and has filed a Certificate of Exemption with this application. Attach the Certificate of Exemption to this application.

**PART IV: Certifications**

Please check the boxes to indicate that you have read and understand the requirements.

- I certify that the health club identified in paragraph 1 employs and has on the premises during health club hours of operation a person who is trained and certified to administer CPR.
- OR - I certify that the health club identified in paragraph 1 complies with the requirements contained in Act 106 of 2012 as summarized on page 4.
- I understand that all contract records must be accurately maintained and shall be open for inspection and copying by the Bureau of Consumer Protection during normal business hours or upon 48 hours written notice.
- I understand that I am under a **continuing obligation** to notify the Bureau of Consumer Protection in writing of any change in the information provided in this registration application within 14 days and I am aware of the obligation to file an **Annual Certification** by June 1 of each year.

I hereby certify that the information contained in the Registration Application is true and correct. I further certify that I have actual authority to make this certification on behalf of the Health Club identified in paragraph 1. I also understand that any false statements made herein are subject to the penalties for unsworn falsification to authorities pursuant to 18 Pa. C.S. Section 4904.

Signature of Authorized Party: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

## **IMPORTANT CPR REQUIREMENTS**

**General Rule:** Every health club shall employ and have on the health club's premises during the club's hours of operation a person who is trained and certified to administer CPR.

**Exception:**

In order to provide health club services during non-staffed hours, health clubs must obtain and utilize the required Safety Equipment:

1. Automated external defibrillator;
2. Appropriate signage;
3. A panic button;
4. A 911 telephone; and,
5. At least four personal security devices.

All new and renewal memberships must contain a waiver signed by the member that explains when the club will not be staffed, explains the location and instructions for use of the Safety Equipment.

Previously registered health clubs who will begin to provide health club services to members during non-staffed hours must comply with the following Notice requirements to current members:

1. Health clubs must provide notice to members of their intent to provide access to the health club during non-staffed hours and the hours during which there will not be a CPR certified person on site.
2. Health clubs must obtain a signed waiver from all members detailing the hours when the club will be staffed, the location and instructions for using the safety equipment.
3. Health clubs must offer members a 60-day period prior to the start of non-staffed hours for members to cancel their contracts and receive a refund for the unused portion.

The information above is contained in Act 106 of 2012, which amended the Health Club Act.  
Please review Act 106 for additional information.