

*State of Rhode Island and Providence Plantations*



**DEPARTMENT OF ATTORNEY GENERAL**  
150 South Main Street • Providence, RI 02903  
(401) 274-4400 - TDD (401) 453-0410

*Peter F. Kilmartin, Attorney General*

**HEALTH CLUB REGISTRATION**

**A non-refundable registration fee of one hundred dollars (\$100.00) must be submitted with this registration form. The registration is valid for one year from the date of registration approval and may be annually renewed by filing the registration form and paying a renewal fee of fifty dollars (\$50.00).**

1(A). Name of Health Club:

---

1(B). Trade Name (s) (if different from 1(A):

---

---

1(C). List the complete street address or addresses of all health club locations in the State of Rhode Island\*:

---

---

---

---

1(D). How long has the health club operated at the location(s) listed in 1(C)?

---

\*Any change in a physical location within Rhode Island must be made in writing to the Department of Attorney General within ten (10) days of the change.

2. Names and residential addresses of health club officers, directors and majority stockholders\*\*:

---

---

---

---

3. Parent Company Name and Address (if any):

---

---

4. State the square footage for each Health Club location identified in Question 1(C):

---

---

5. Describe all services provided by the health club:

---

---

---

---

---

\*\*Principals who leave a health club will remain subject to the provisions of R.I. Gen. Laws §5-50-1, et seq. until such time that notice of non-association is given to the Department of Attorney General. Any replacement principal shall file with the Department of Attorney General a notice which shall be made in the form of an updated registration application.

6. State the type of membership plans offered and their cost. Also state the cost of a joining fee or an initiation fee, if any.

---

---

---

---

---

7. Submit a copy of all contracts for health club services by attaching them to this registration form.

8. Provide complete disclosure of any pending or completed litigation or any complaint filed with any governmental authority against the health club or any of its officers or directors within the last three (3) years.

---

---

---

---

---

9. Submit proof of bonding as required by R.I. Gen. Laws §5-50-3 by attaching it to this registration form. **This requirement shall not apply to any owner or operator in continuous operation in the same location for five (5) years as of January 1, 1998.**

If not applicable, please indicate so.

---

10. Submit the appropriate certification or documentation from the municipality (or municipalities) where the health club operates that the facility has not been cited as being in violation of compliance with applicable zoning and planning regulations, fire regulations and building codes. **This certification/documentation must be dated within sixty (60) days of the application due date.** Please attach it to this form. The Department of Attorney General may waive this requirement for an applicant if such codes or regulations do not exist in the municipality.

11. State the business name and locations of any health club in which any of the principals, identified in Question (2), may have been associated in the last three (3) years.

---

---

---

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Whenever prior to expiration of an annual registration, there is a material change in the registration information, you shall, within ten (10) days, file an addendum updating the information. The Department may refuse to grant or renew a registration or may suspend or revoke the registration of any health club which engages in any conduct prohibited by Chapter 50, Title 5 or does not comply with the statutory requirements set forth in Rhode Island General Laws §§5-50-3 and 5-50-7.



State of Rhode Island and Providence Plantations

DEPARTMENT OF ATTORNEY GENERAL

150 South Main Street • Providence, RI 02903

(401) 274-4400 - TDD (401) 453-0410

Peter F. Kilmartin, Attorney General

AUTOMATED EXTERNAL DEFIBRILLATOR HEALTH CLUB CERTIFICATION FORM

The Rhode Island General Law entitled "Health Clubs" has recently been amended to include the following section:

§ 5-50-12 Defibrillators. - (a) Every health club registered with the department of attorney general pursuant to this chapter shall have at least one automated external defibrillator (AED) on the premises. The AED will at all times be deployed in a manner in which best provides accessibility to staff, members and guests. At least one employee per shift must be properly trained by the American Heart Association or comparable state recognized agency in cardiopulmonary resuscitation (CPR) and AED, and must be on duty during hours of operation.

(b) Any facility that has a health club on premises that currently complies with all parts within this act shall be exempted from duplication.

(c) A cause of action against a health club or its employees, in connection with the use or nonuse of an AED, shall not exist except in cases where the health club has failed to purchase an AED as required under this act and in cases of willful or wanton negligence.

(d) A knowing or willful violation of this section by a health club may result in suspension or revocation of its registration.

(e) Any health club which operates a facility on a key pass basis with no attending employees at anytime is exempt from the trained employee on duty requirement set forth in subsection (a) herein of this section.

This act shall take effect on January 1, 2005

I, \_\_\_\_\_, acknowledge that I am the business owner of the health club d/b/a \_\_\_\_\_ and have been duly notified by the Department of Attorney General of the aforementioned legislative change.

I hereby certify that there is at least one (q) working AED on the premises of the health club, \_\_\_\_\_, that it will at all times be deployed in a manner which best provides accessibility to the staff and guests, and that during hours of operation at least one member of my staff will be properly trained in accordance to the law in both CPR and AED use.

I further understand that a violation of this mandate may result in the suspension or revocation of my health club registration.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Print Name Signature Date