

Scan Code:

## Membership Application and Agreement

Membership #

**Briggs (South)**: 399 Ninth St N. Naples, FL 34102 (239) 624-2750

Fax: (239) 624-2751 Whitaker (North): 2330 Immokalee Rd.

Naples, FL 34110 (239) 596-9200 Fax: (239) 597-8071

	-			
	Must be filled out comp	letely – please բ	orint	
Name (Primary Member):	rimary Member):		DB:st be 16 years of age or	
Address:	City: _			
Local Phone:	Work Phone:	E-mail: _		
Sub-Members (if applicable):	Emergency Contact:	Emergency Contact: Phone:		
Name:	DOB:	Relation:	M or F	Scan Code:
Name:	DOB:	Relation:	M or F	Scan Code:
Name:	DOB:	Relation:	M or F	Scan Code:
Signature (primary member):				
If membership dues will be paid on	a monthly basis, please complete	e <b>one</b> of the follo	wing options:	
1. Credit Card # (16 digits VS MC DS, 15 digits AE):				o (mm/yy):
Checking Account: Please attac	h a voided check (deposit slips	are NOT accepta	able).	

## Terms and Conditions of Membership Agreement

- All membership dues billed monthly (excludes annual paying members), will be collected on the 2<sup>nd</sup> day of each month by electronic debit from member's checking account (EFT) or credit card. A charge of \$25.00 will be assessed on all payments declined, returned and/or rejected by the bank or credit card company. NCH Wellness Center reserves the right to cancel membership if payments are not made when due.

  X
  (PLEASE INITIAL)
- If any amount does not agree with your records, please notify us immediately at either (239) 624-2750 or (239) 596-9200. Any
  discrepancies discovered after payment of a month's dues will be adjusted on the next scheduled draft date.
- Member may place membership on "hold" for a minimum of 4 weeks and a maximum of 12 months per hold. Member must fill out a
  "Hold/Cancellation" form in order for the hold to be guaranteed and must furnish proof of such form if a discrepancy occurs. Monthly dues
  will be suspended during the time of the hold. Forms must be received by the 25<sup>th</sup> day of the month preceding the requested hold start
  date. NO refunds for forms turned in after the draft has gone through for any month. (Hold time will be added to the expiration date of
  annual members.)
- Members may "reactivate" membership from a "hold" status by filling out the "Reactivation" form in person at the center. A \$25.00 reactivation fee must be paid by monthly billed members at the time of reactivation as well as dues (or portion thereof) required until next scheduled draft date. Annual members are exempt from the fee and hold time will be added to the expiration date at time of reactivation.
- Monthly memberships are continuous and remain in effect, regardless of attendance until written notice or "Hold/Cancellation" form is filled out and turned in by the member. No refunds for cancellation notices received after a monthly draft has been processed. Annual memberships will terminate upon expiration unless renewed by the member. Annual members canceling prior to membership expiration will be refunded the remaining time on the membership excluding the enrollment fee and less the discount received for payment in advance and less a \$25.00 cancellation fee. Annual members requesting a cancellation prior to membership expiration must do so in writing. X (PLEASE INITIAL)
- Member agrees that use of facility will be at member's risk. Member waives any claim for injury to member and/or guest(s) for damage, loss or theft of member's property arising out of or in connection with use of the facility.
- Membership privileges may be suspended for breach of rules and regulations, undesirable behavior, or violation of any of the terms and
  conditions of this agreement. The failure to enforce any portion of this agreement shall not affect the enforceability of that or any other
  provisions of this agreement.
- NCH Wellness Center reserves the right to change facilities, fees, rates, hours, schedules, instructors, rules, regulations and policies.
- Children 12 through 15 years of age MUST be accompanied by a parent or guardian at all times, in all locations, of the Wellness Centers including the locker rooms. Children under the age of 12 are not permitted in the lobby unless accompanied at all times with an adult.
   X (PLEASE INITIAL)
- We reserve the right to be closed for up to 10 days a year to observe legal holidays and for maintenance and repair of our facilities. There
  will be no adjustment in membership dues for these closures.
- All of our rules may be found on our website: <a href="www.nchmd.org/wellness">www.nchmd.org/wellness</a> under "Membership Guidelines."

Membership Ty	pe:		Billing Type:		ompleted by Wellness Center Staff OR Annual
Enrollment Fee	: \$	_ Dues required at sign-	up: \$	_ Total Co	ollected: \$
Paid by:	Cash	Check #	Credit Card Type		Staff Initials

## NCH Wellness Center Health History Questionnaire This form must be completed by each individual enrolling.

Appli	cant Name (please print):					
1.	Have you ever been diagnosed or experienced any of the following?	Circle Your Selection				
	a. Coronary artery disease (CAD)					
	b. Angina (chest pains)					
	c. Myocardial infarction (MI) or heart attack					
	d. Congestive heart failure					
	e. Stroke					
	f. Phlebitis					
	g. Irregular or rapid heart beats/palpitations					
	h. Spells of severe dizziness or fainting					
	i. Epilepsy or seizure					
	j. Diabetes					
	k. Chronic obstructive pulmonary disease					
	I. Emphysema					
	m. Asthma					
2	Please explain any additional cardiac, pulmonary, or metabolic concerns:	res no				
2.	——————————————————————————————————————					
2	Discontinuidade any cardia related curried or invasive presedures verbe	had dana /i a				
3.	Please indicate any cardiac related surgical or invasive procedures you've					
	catheterization, angioplasty, bypass, valve replacement, pacemaker, impla	nt, etc.):				
4.	Have you ever been told that you have high blood pressure?					
5.	If you are female, are you pregnant?					
6.	Have you ever had a physician supervised 12 lead ECG exercise stress t					
7.	Have you had any illnesses, hospitalizations or surgical procedures in the	past 12 months?Yes No				
	If <b>Yes</b> , please explain:					
8.	Do you have any orthopedic, arthritic or other bone or joint problems?	Yes No				
	If Yes, please explain:					
9.	Has your doctor ever told you that you have any bone or joint problem that					
	aggravated by exercise?					
10.	Have you ever smoked cigarettes, cigars, pipe or chewed tobacco?					
11.	Do you have a family history (parents, siblings, children) of any of the following					
	a. Heart disease, heart surgery, and/or heart attack					
	b. Heart attack before age 50	Yes No				
	c. Sudden death					
	d. High blood pressure and/or high cholesterol	Yes No				
	e. Diabetes	Yes No				
12.	Do you currently take any medications prescribed by your physician?					
13.	If <b>Yes</b> , please list:Are you allergic to any medications?	Yes No				
	If <b>Yes</b> , please list:					
14.	If Yes, please list:Are you currently participating in an exercise program?	Yes No				
ınder	y that I have answered the above questions to the best of my knowled stand that the information will be used to determine appropriate screen opment of my exercise and fitness program.					
pplica	ant Signature	Date				
verci	se Staff Signature	Date				

## NCH Wellness Center Agreement & Release of Liability This form must be completed by each person enrolling.

Applicant Name (please print):	
of the NCH Wellness Centers/NCH Healthc machinery in addition to payment of any fe discharge the NCH Wellness Center/NCH Herepresentatives, executors, and all others fro damages resulting from my participation in an above mentioned facilities or arising out of my hereby release all of those mentioned and any or liability for any injury or damage to myself, if of any of those mentioned or others acting or	eing allowed to participate in the activities and programmer care System and to use its facilities, equipment, and see or charge, I do hereby waive release and forevellealthcare System and its officers, agents, employees on any and all responsibilities or liability for injuries on activities or my use of equipment or machinery in the participation in any activities at said facility. I do also yothers acting upon their behalf from any responsibilities including those caused by the negligent act or omission their behalf or in any way arising out of or connected CH Wellness Center/NCH Healthcare System or the user/NCH Healthcare System.
Initial:	
equipment, is a potentially hazardous activity. injury, even death, and that I am voluntarily page 1.	flexibility, and aerobic exercise, including the use of also understand that fitness activities involve a risk coarticipating in these activities and using equipment anyolved. I hereby agree to expressly assume and accep
Initial:	
impairment, disease, infirmity, or other illness activities at the NCH Wellness Center/NCH I except as hereinafter stated. I do hereby ack physician's approval for my participation in equipment and machinery. I also acknowledge more frequent physical examination and co exercise, and use of exercise and training concerning these fitness activities and equiphysical examination and have been given in decided to participate in activity and/or use of	physically sound and suffering from no conditions that would prevent my participation in any use of the Healthcare System or use of equipment or machiner knowledge that I have been informed of the need for an exercise/fitness activity or in the use of exercise that it has been recommended that I have a yearly consultation with my physician as to physical activity gequipment so that I might have recommendation ipment use. I acknowledge that I have either had my physician's permission to participate, or that I have fequipment and machinery without the approval of me bility for my participation and activities, and utilization of the strength of the
Applicant Signature	Date
Wellness Staff Signature	Date