



# Wellness Center Membership Application

Card Number:	_____
Effective Date:	_____
Expiration Date:	_____

Please Print

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Name 1: _____	Name 2: _____
Relationship: _____	Relationship: _____
Day Phone: _____	Day Phone: _____
Evening Phone: _____	Evening Phone: _____
Address: _____	Address: _____

### FACILITY USE GUIDELINES

1. Wellness Center memberships are non-refundable and non-transferrable.
2. Machines, cardiovascular equipment and benches are to be cleaned and wiped down using disinfectant spray or sanicloths following use.
3. Space and equipment within the Wellness Center shall be used for intended purposes only. Personal items are not to be left or placed on the floor or on equipment. Individuals may utilize space provided in the locker rooms to store these items. Lockers may be used to store items during exercise sessions; items left overnight will be removed the following day by Wellness Center staff. The Wellness Center is not responsible for personal items that are lost or stolen.
4. Staff members are not to hold equipment, valuables, or bags for participants.
5. Wellness center members are required to sign in on the 'Member Check-in Sheet' upon entering the gym.
6. A closing announcement will be made 15 minutes prior to closing. All participants are expected to finish their activity, replace equipment, finish changing and/or showering and exit the Wellness Center by closing time.
7. Computers in the Wellness Gym are for Therapy and Wellness staff only, unless they are clearly designated for member usage.
8. Therapy Center patients have priority for equipment use and Therapy Center staff reserve the right to ask members to stop using equipment if needed for patient treatment.
9. Wellness Center members are to notify staff immediately if equipment or weight machines malfunction or maintenance needs are noted.
10. There is a 30 minute limit per individual using cardiovascular equipment and a 10 minute limit at a single weight station when others are waiting.
11. All equipment (weights, theraballs, etc.) must be returned to its appropriate location following use.

12. Unauthorized photography or videotaping is not permitted in the Wellness Center.
13. Appropriate exercise attire is required. Sandals and open toed shoes are not permitted. Clean and dry rubber-soled athletic shoes are appropriate for exercise in the Wellness Center gym. Jeans and clothing with exposed zippers or metal rivets are prohibited due to the risk of ripping equipment upholstery and pose a risk of injury. Jewelry which may cause equipment damage or pose a risk of injury should be removed. Participants will be asked to remove jewelry that presents a danger to oneself or others. Clothing with offensive language, designs or pictures is not acceptable. Clothing inscribed with profanity is prohibited. Shorts must be long enough to cover the buttocks and groin when the participant exercises or moves. A shirt or tank top is required for all participants on all equipment throughout the Wellness gym.
14. Non-compliance with Wellness Center policies may result in membership suspension. Following suspension, the individual may not use any Wellness Center facilities or participate in any programs until reinstated by the Wellness Center Coordinator.
15. Wellness Center members are to notify Wellness staff immediately if their membership/gym access cards are lost or stolen. There is a \$5 replacement fee for lost membership cards.

<b>SIGNATURE REQUIRED FOR PARTICIPATION</b>
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I have read and understand the "Release from Liability" as well as the Upland Hills Health Wellness Center Guidelines. My signature below indicates my compliance with all policies of Upland Hills Health and the Wellness Center.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (If under 18 years of age)

Upland Hills Health Employees:

I hereby authorize Upland Hills Health to deduct dues through payroll deduction.

Employee Signature: \_\_\_\_\_

Rec. by: _____ Date: _____ Paid \$ _____ Ck#: _____ Cash: _____ Payroll Dept contacted for payroll deduction: _____
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