Membership Application Form

GENERAL INFORMATION				
Name:				Date:
Phone:	Work/Cell Phone:		Email:	
Address:	City:		State:	Zip Code:
Date of Birth:	Age:		Gender: ☐ Male ☐ Female	
Personal Physician:			Phone:	

EMERGENCY CONTACT INFORMATION			
Name of relative not residing with you:			
Address:	City:	State:	Zip Code:
Phone:	Work or Cell Phone:		

CARDIOVASCULAR AND HEALTH SCREENING	
☐ Yes ☐ No	Has a doctor ever said you have a heart condition & recommended only medically supervised activity?
☐ Yes ☐ No	Do you have chest pain brought on by physical activity?
☐ Yes ☐ No	Have you developed chest pain in the past month?
☐ Yes ☐ No	Have you on more than one occasion lost consciousness or fallen over as a result of dizziness?
☐ Yes ☐ No	Do you have a bone or joint problem that could be aggravated by the proposed physical activity?
☐ Yes ☐ No	Has your doctor ever recommended medication for your blood pressure or a heart condition?
☐ Yes ☐ No	Are you aware, though your own experience or a doctor's advice, of any other physical reason that would prohibit you from exercising without medical supervision?
Please explain any Yes items:	

PREPARTICIPATION SCREENING			
Part A: Heart History -- Have you ever had:			
☐ Yes ☐ No	Heart Attack	☐ Yes ☐ No	Heart Valve Disease
☐ Yes ☐ No	Heart Surgery	☐ Yes ☐ No	Heart Failure
☐ Yes ☐ No	Cardiac Catheterization	☐ Yes ☐ No	Heart Transplant
☐ Yes ☐ No	Coronary Angioplasty (PTCA)	☐ Yes ☐ No	Congenital Heart Disease
☐ Yes ☐ No	Pacemaker, Implantable Cardiac Defibrillator	☐ Yes ☐ No	Skipped / Irregular Heartbeat, Rhythm Disturbances
☐ Yes ☐ No	Heart Disease	☐ Yes ☐ No	COPD
☐ Yes ☐ No	Stroke/transient ischemic attack	☐	Please check this box if none of the above apply
Please explain any Yes items:			
If you answered Yes to any of the above questions, ***you must consult*** your personal physician for medical clearance prior to participating in physical activities. Please sign a release form to fax to your physician.			
B. Cardiovascular Risk Factors			
☐ Yes ☐ No	You are >20 pounds overweight.	☐ Yes ☐ No	You smoke.
☐ Yes ☐ No	You are a woman older than 55 yrs. of age or you have had a hysterectomy or you are post-menopausal.	☐ Yes ☐ No	You have a close blood relative who had a heart attack before age 55 (father or brother) or age 65 (mother or sister).
☐ Yes ☐ No	Your blood pressure is > 140/90	☐ Yes ☐ No	Your cholesterol level is > 240
☐ Yes ☐ No	You are diabetic or take medicine to control your blood sugar	☐ Yes ☐ No	You don't know your cholesterol level

C. Other --- Do you:			
☐ Yes ☐ No	Experience chest pain with exertion?	☐ Yes ☐ No	Have concerns about the safety of exercise?
☐ Yes ☐ No	Experience dizziness, fainting, blackouts?	☐ Yes ☐ No	Experienced unreasonable breathlessness?
☐ Yes ☐ No	Have musculoskeletal problems?	☐ Yes ☐ No	Take prescription medications? (list below)
Please explain any Yes items/ list medications:			
If you answered Yes to any of the above questions, it is ***recommended*** that you consult your personal physician for medical clearance prior to participating in physical activities.			

HAVE YOU HAD OR DO YOU NOW HAVE ANY OF THE FOLLOWING?			
☐ Yes ☐ No	Back pain / injury	☐ Yes ☐ No	Arthritis
☐ Yes ☐ No	Swollen or stiff joints	☐ Yes ☐ No	Frequent headaches or migraines
☐ Yes ☐ No	Epilepsy / seizures	☐ Yes ☐ No	Diabetes
☐ Yes ☐ No	Orthopedic problems	☐ Yes ☐ No	Low blood pressure
☐ Yes ☐ No	Peripheral vascular disease	☐ Yes ☐ No	Low blood sugar
☐ Yes ☐ No	Cancer	☐ Yes ☐ No	Autoimmune disease
☐ Yes ☐ No	Hernia	☐ Yes ☐ No	Hearing problems
☐ Yes ☐ No	Asthma	☐ Yes ☐ No	Osteoporosis
Please explain any Yes items:			
☐ Yes ☐ No	Do you have any physical or mental impairment?		
If Yes, please explain:			
☐ Yes ☐ No	Do you have any physical obstacles to your activities of daily life?		
If Yes, please explain:			
☐ Yes ☐ No	Do you have any known allergies? Please list:		
☐ Yes ☐ No	Are you pregnant?		
Is there anything else we should be aware of concerning your medical history?			
☐ Yes ☐ No	Do you exercise 3 times per week on a regular basis?		
What are your goals for the wellness program?			

I confirm the above information is accurate to the best of my knowledge. I accept the recommendations of the questionnaire and will follow the recommendation of the staff member. I have read and received the Membership Guidelines and agree to abide by all rules and regulations of Aultman Orrville Sports & Wellness. I understand that a copy of this questionnaire may be provided to my physician upon request. I understand that there is a $1.00 replacement charge for lost membership cards / key tags.

Member Signature:	Date:
Parent or Legal Guardian if under age 18:	Date:
Reviewed by:	Date:

For Staff Use:

HT:	WT:	BMI:	BODY FAT %:	Kcal:
RHR:	BP:	02%:	A W H T C	

MEMBERSHIP GUIDELINES

Each member will review and abide by the following rules and regulations.

We are pleased to welcome you to Aultman Orrville Sports & Wellness. Aultman Orrville Sports & Wellness plans to accommodate as many members of the community as possible, however, space is limited, it is for this reason a waiting list may be present.

GENERAL GUIDELINES:

- Aultman Orrville Sports & Wellness reserves the right to deny or limit facility or activity use.
- All participants are required to complete and return registration, waiver, and health history forms before beginning program.
- All members are required to participate in an assessment/orientation by a Staff Member prior to facility usage. Please schedule an appointment.
- Due to safety, children under 10 years of age are not permitted in the workout area or allowed on or to use equipment unless participating in an appropriate program. Members 10-12 years of age may exercise with an adult “primary” member actively involved in their exercise program as part of a family membership. Members must be 13 years of age of over to exercise at Aultman Orrville Sports & Wellness on their own with a membership.
- Guests are not permitted.
- We are not responsible for lost or stolen items. Make sure all personal items are with you or secured.
- No food or cans are allowed in the workout area. Drinks must be in spill-proof containers.
- Smoking and/or the use of tobacco products is prohibited in the facility and the surrounding property.
- Past members with expired membership beyond two (2) months that wish to purchase a new membership must consult with a Staff Member regarding the need to have a reassessment/orientation at the time of purchase. A waiting period or list may apply based upon availability.

EQUIPMENT:

- Before using any equipment, individuals will be given instruction on safe and proper use of the equipment. Please do not use equipment without previous instruction by Staff. In order to provide a safe and effective exercise environment, all individuals will be expected to follow such guidelines. Use of the equipment is at the member’s own risk.
- Individuals may not perform activities considered hazardous to them or someone surrounding them.
- In order to allow adequate participation of all individuals, please limit your time on each piece of equipment. Common courtesy is the rule.
- Spray bottles and towels are available for use by individuals to wipe perspiration and contact areas from equipment following use.
- Please inform Staff immediately of any equipment malfunctions or problems and do not use equipment not working properly.
- Individuals are expected to re-stack all weights and return all equipment to its appropriate area.
- Collars are required for free weight activities. A spotter is recommended and always available upon request.
- Please do not drop weights on the floor, strike weights together, leave weights laying on the floor, or lean weights against walls or equipment.
- Individuals may not modify or use equipment for any purpose other than it proper purpose.

ATTIRE:

- Comfortable, neat, and clean clothing should be worn (athletic shoes, shorts, sweats, t-shirts, etc.). Shirts and shoes must be worn at all times. No hard-soled shoes on treadmills.
- No sports-bra-only outfits. No shorts or pants with rivets. Any individual wearing apparel that might be considered offensive (at our discretion) or a health risk will be asked to change such clothing or to leave the facility.

MEMBERSHIP FREEZES:

- General Freeze – Plans may be placed on a freeze for a period of 1 month and written notice 7-day prior to the freeze is required. You may have one (1) general freeze per year. A Family Membership can only be frozen as a whole membership.
- Medical Freeze – Should the member be unable to participate in an exercise program, as a direct result of a medical condition, a medical freeze will be awarded, upon receipt of physician script. Plans may be placed on a medical freeze for a length of time determined by the physician. If a medical freeze is in effect for 6 months or longer you may be eligible for a refund. A Family Membership can only be frozen as a whole membership.

CONSUMER’S RIGHT TO SUSPENSION / CANCELLATION:

You may cancel your wellness membership without penalty within three (3) business days from your start date. You will be issued a full refund on membership dues. You must provide written notice of cancellation, return membership card(s) and programs, and any other evidence of plan ownership.

AUTHORIZED CANCELLATION:

Should a member be unable to honor plan payment for any of the following reasons (documentation required): 1) address change, 2) loss of employment, 3) personal terminal illness, 4) death, or 5) is past the plan obligation date, the plan account balance (if any) will be refunded on a pro-

rated basis without penalty. ACH/APP membership plans must be cancelled with a member's signature using an APP Cancellation Form after the obligation is met or an authorized reason stated above.

UNAUTHORIZED CANCELLATION:

Should a member be unable to honor plan payment for any of the following reasons: 1) general freeze lasting over one month, or should the member 2) be asked to leave the facility by a staff member for inappropriate behavior and/or 3) cancel their plan prior to plan obligation date for reasons other than already specified as authorized, the account will be considered an unauthorized cancellation with no refund, and any remaining balance will be immediately due. In addition, the member's reinstatement status will be determined by management.

MEMBERSHIP PRICES:

There are no enrollment or joiners fees.

Monthly Membership Plans (Initial Orientation Only):

Monthly Basic	**$30 per Month**

Annual Membership Plans (Includes Initial Assessment/ExRx & Quarterly Assessment/ExRx Progression):

Individual	**$310 ($27/month ACH)**
Family II	**$515 ($45/month ACH)**
Family Plus	**$575 ($50/month ACH**

- An **Individual Member** must be 13 years of age or above.
- A **Family II Membership** must be two members of the same household. If one member is 10-12 years of age the other member must be 18 years of age or older "primary" member and be actively engaged in the dependent's exercise program.
- A **Family Plus Membership** must be three or more members of the same household. If any member is 10-12 years of age one other member must be 18 years of age or older "primary" member and be actively engaged in the dependent's exercise program.
- ACH Membership is an automatic payment plan that withdraws automatically monthly from checking/savings accounts for a 12 month contract. Beyond the 12 month obligation the membership continues until the member signs a APP Cancellation Form.
- Members with **Silver&Fit and SilverSneakers** benefits are accepted for a Basic Membership and are eligible for an initial assessment/ExRx and semi-annual assessment/ExRx progression.

METHODS OF PAYMENTS:

Cash, check (payable to Aultman Orrville Hospital), and credit cards (VISA or MasterCard).

HOURS OF OPERATION:

Monday:	6:00am-7:00pm
Tuesday:	6:00am-7:00pm
Wednesday:	6:00am-7:00pm
Thursday:	6:00am-7:00pm
Friday:	6:00am-7:00pm
Saturday:	8:00am-12:00pm
Sundays:	CLOSED

Hours of Operation are subject to change and will be posted in advance.

HOLIDAY CLOSINGS:

New Year's Day
Memorial Day
July 4th
Labor Day
Thanksgiving Day
Christmas Day

Holiday Closings are subject to change and will be posted in advance.

UPDATED: OOCTOBER 2015

INFORMED CONSENT & RELEASE FOR WELLNESS PROGRAM PARTICIPATION

I, ____________________________________, desire to participate voluntarily in the Wellness Program at Aultman Orrville Sports & Wellness in order to improve my cardio respiratory and musculoskeletal wellness. I understand it is strongly recommended I contact my personal physician in order to determine the appropriateness of my participation before entering this program and on a continued basis. If I do not decide to seek the approval of my physician I declare I am physically capable of and assume any and all responsibility for participation in this program.

The program, activities, or equipment and facilities I will become involved in will gradually provide an increasing workload on my cardio respiratory, musculoskeletal, and neurological systems and will be determined by me and within my capabilities and limitations. I understand and am aware the events related to such a program, activities, or equipment and facility cannot always be predicted with complete accuracy and therefore such participation is potentially hazardous and could result in bodily injury, impairment, disfigurement, disability, or death. There events include, but are not limited to, muscle soreness, muscle strain, sprains, fainting, dizziness, lightheadedness, slips, falls, unintended loss of balance or bodily movement; fallen, dropped, thrown, or projected objects; visual, hearing, or neurological injuries; partial or total paralysis; abnormalities of blood sugar, blood pressure, or heart rate; ineffective heart function, heart attack, cardiac arrest, respiratory arrest, stroke or cerebrovascular incident; and even death.

AGREEMENT OF RELEASE OF LIBABILITY

With the forgoing understanding and in consideration of my being accepted in this program, I, on behalf of myself, heirs, executors, administrators and assigns; waive, release, and forever discharge Aultman Orrville Sports & Wellness and its officers, employees, agents, representatives, executors, and all others or any other acting upon their behalf, from any and all claims, damages, actions, causes of actions, or suits, in law or in equity, known or unknown, in any manner resulting directly or indirectly from my participation in this program, activities, or use of equipment and facilities.

I acknowledge that I have read this document in its entirety, or that it has been read to me if I have been unable to read the same, and understand it. Any questions which have arisen or occurred to me have been answered to my satisfaction.

Member Signature: ____ Date: ____________________

Parent/Legal Guardian (if under 18 yrs of age): ___________________________ Date: ____________________

Witness Signature: ____ Date: ____________________