

Membership Packet



**2470 Daniells Bridge Road
2nd Floor -- Building 300 Athens, GA 30606
Phone: (706) 389-3355
Fax: (706) 389-2951
www.stmarysathens.org**



St. Mary's Health Care System, Inc.®
Wellness Center Fitness Membership Agreement

Membership Card Number:

PARTIES: St. Mary's Health Care System, Inc.® (hereinafter "St. Mary's") of which the community wellness program known as St. Mary's Wellness Center, located at St. Mary's Outpatient and Wellness Center, 2470 Daniells Bridge Rd. #300, Athens, Georgia, 30606 are a part.

Buyer/User: (hereinafter "Member")

Name

Membership Plan

Mailing Address

City, State

Zip Code

Phone Number

Email

AGREEMENT: Upon acceptance of this application by St. Mary's Wellness Center, I hereby agree to and accept the terms and conditions of this membership Agreement. ***The membership agreement will automatically renew on the stated schedule until canceled by either party.***

The parties set out above hereby enter into a membership Agreement with the following terms:

1. **Membership Purchase:** Member receives and St. Mary's provides, on the Agreement date of _____, a membership in the St. Mary's Wellness Center. Membership entitles member to use the facilities of St. Mary's Wellness Center, in concordance with all posted rules and regulations.

2. **Promise to Pay:** Member promises to pay St. Mary's Health Care System, Inc.® the total charge according to the payment schedule noted above under "Membership Plan".

3. **Terms of Membership:**

A. Leave of Absence/Extension:

Member may apply for one medical leave of absence per year if he/she is to be incapacitated for a period of at least one (1) month but not more than six (6) months in the event of injury or illness. Members must request a leave of absence in writing using the membership freeze form provided by staff **prior to the expected absence** and submit a physician verification of injury or illness. The medical leave of absence will be effective upon receipt of written verification by a

physician. Member must return access card once membership is put on hold or pay the lost card fee. Exceptions may be made on an individual basis at management's discretion.

B. Cancellation:

Membership may be cancelled with a prorated refund under the following circumstances:

1. Medical Cancellation – Must be verified with a letter from physician stating that member cannot use facility due to health related reasons for at least 3 months.
2. Relocation – If member moves 30 or more miles from St. Mary's Wellness Center.
3. Financial Hardship – If you experience a significant hardship, please talk to Wellness Center management and we will work on a plan to help you.

Cancellation for any other reason will result in forfeiture of balance of membership dues for prepaid membership options (3 month, 6 month or annual). Membership cards must be returned to the Wellness Center. Unreturned cards will incur a \$10 replacement fee per card paid for by the Member.

- 1) To implement a cancellation, the member must contact St. Mary's Wellness Center at 2470 Daniells Bridge Rd. #300, Athens, Georgia 30606.
- 2) Member's obligation for payments and charges under this agreement will be relieved on the first day of the first month after notifying St. Mary's Wellness Center of the intent to cancel the membership.

C. Refunds:

All fees are non-refundable unless St. Mary's Wellness Center chooses to cease operation of the St. Mary's Wellness Center, at which time you will be notified, and fees will be refunded for the remaining period of the Agreement. Failure to utilize the programs and facilities does not relieve Member's liability for payment, regardless of circumstances other than those set out above. The Membership is non-transferable, non-assignable, non-refundable, and non-cancelable, except as provided in this Agreement.

Use of facility by Members -- Member agrees and represents on behalf of himself/herself that all exercise treatments and use of all facilities shall be undertaken at each Member's own risk, that each Member is physically able to undertake any and all physical exercises and treatments provided by the exercise prescription.

Member's Signature

Date

Witness

Date

Phone: Home _____ Work _____ Alternate _____
 Entry Date: _____ Gender: M F Age: _____
 Physician: _____ Ht: _____ Wt: _____ DOB: _____

MEDICAL HISTORY

Check YES if you have or if you have had any of the following conditions:

<u>Had</u>	<u>Have</u>	<u>Had</u>	<u>Have</u>
___	___ Heart Attack	___	___ Congestive Heart Failure
___	___ Diseases of the arteries	___	___ Cancer
___	___ Stroke	___	___ Diabetes
___	___ Epilepsy	___	___ COPD or Emphysema
___	___ Liver Disease/Hepatitis	___	___ Coronary Artery Bypass Surgery
___	___ Angioplasty and/or stent placement		

<u>Had</u>	<u>Have</u>	<u>Had</u>	<u>Have</u>
___	___ Anemia	___	___ Chest Pain
___	___ Blood Clot	___	___ High Blood Pressure
___	___ High Cholesterol	___	___ Shortness of Breath
___	___ Sleep Apnea	___	___ Dizziness/Fainting
___	___ Heart Murmur	___	___ Arthritis
___	___ Palpitations	___	___ Painful Joints
___	___ Back Pain	___	___ Back injury
___	___ Bronchitis	___	___ Rheumatic Fever
___	___ Phlebitis	___	___ Abnormal Chest X-Ray
___	___ Tuberculosis	___	___ Badly swollen ankles
___	___ Leg pain w/ exertion	___	___ Cystic Fibrosis
___	___ Asthma		

FAMILY HISTORY

Has anyone in your immediate family (mother, father, brother, sister) had any cardiovascular disease (heart disease, stroke, or peripheral vascular disease) prior to age 55? **YES** **NO**

TOBACCO USE

Do you currently use tobacco? **YES** **NO**

PHYSICAL ACTIVITY

Are you currently involved in an exercise program? **YES** **NO**
 If YES, what type? _____ Frequency? _____

RECENT MEDICAL EXAM

What is the date of your last medical exam? _____ Which physician did you see? _____
 Were the results normal? **YES** **NO** If **NO**, what were the results?

RECENT SURGICAL PROCEDURES

Have you had surgery within the past year? **YES** **NO** If YES, what type of procedure was done?

MEDICATIONS

Please list any medications and/or supplements and the dosages that you are currently taking:

ALLERGIES

Do you have any allergies to medications? **YES** **NO** If YES, please list: _____

Are you allergic to latex? **YES** **NO**

EMERGENCY CONTACT

Who should be contacted in the event you have a medical emergency while here at St. Mary’s Wellness Center?

Name: _____ Phone: _____ Alt. Phone: _____

Name: _____ Phone: _____ Alt. Phone: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS

- | | | |
|---|------------|-----------|
| 1. Do you have trouble breathing at night or while lying down? | YES | NO |
| 2. Do you experience shortness of breath while at rest or with mild exertion? | YES | NO |
| 3. Do you have pain or discomfort in the chest, neck, jaw, arms or back with mild exertion? | YES | NO |
| 4. Are you currently pregnant or nursing? | YES | NO |
| 5. Do you know of any medical problems that may limit your ability to exercise? | YES | NO |
| If YES, what conditions? _____ | | |
| 6. Do you have specific goals that you would like to accomplish as a member here? | YES | NO |
| If YES, what goals? _____ | | |

I certify that all answers and statements listed in this application and medical screening questionnaire are my own and are true to the best of my knowledge. I understand that misinformation or false statements may result in revocation of this application. I understand that a positive answer on page 1 of the Medical History questionnaire may require a physician recommendation for membership and may exclude me from participating in certain activities offered by St. Mary’s Wellness Center.

Client Name (printed) _____ **Guardian Name (printed)** _____
(Required for all minors)

Client Signature _____ **Guardian Signature** _____
(Required for all minors)

Staff Signature _____

St. Mary's Health Care System, Inc.® Athens, Georgia
Release of Liability for Participation

I desire to engage voluntarily in an exercise program at St. Mary's Wellness Center. In engaging in this activity I do so realizing that there are inherent risks of a physical nature. Despite these risks, it is my intention and desire to participate.

In consideration of the efforts put forth by St. Mary's Health Care System, Inc. to provide me the opportunities to participate in this activity I hereby release and discharge St. Mary's, their officers, agents, and employees from all claims, demands, damages, and liability whatsoever that I or my representatives have or may have arising from my participation in this activity.

I assume all risks associated with the activity, including, but not limited to, falls, orthopedic injuries, heart attack, any and all such risks being known and understood by me. I understand that St. Mary's Wellness Center may not be staffed at all times and that I may exercise using the facility without staff supervision and am doing so at my own risk.

I also give my permission for the free use of my name and picture in any written account, broadcast or telecast of this activity for any legitimate purpose.

I have read the foregoing and understand it. Any questions that have arisen or occurred to me have been answered to my satisfaction.

Signature of Participant

Participant's Name (Please Print)

Date

**Signature of Parent or Other Person
Authorized to Sign**

Please Print Name

Date

St. Mary's Wellness Center Membership Card Acknowledgement

I have received a membership card from St. Mary's Wellness Center which grants me access to St. Mary's Wellness Center. I understand that I am responsible for this card and agree to pay \$10.00 in the event that I lose the membership card or fail to return the membership card upon cancellation/termination of my membership to St. Mary's Wellness Center.

Client Name (printed)

Date

Client Signature

Staff Signature

Date

Membership Card #

Membership Cards

Your membership card is your key to accessing the Wellness Center. You must have your membership card to access the Wellness Center. The card provides after-hours access to the main entrance on the 1st floor as well as access to the door leading into the gym area.

Guest Passes/Punch Cards

Guest passes are available for \$5 per guest per day. Guest passes may only be purchased during regular business hours. Guests **must** complete a liability waiver form. The guest pass entitles the user to participate in all fitness classes and the use of all equipment and facilities.

Proper Attire

Conservative, clean fitness attire, including shoes and shirts, is to be worn at all times. Closed toe shoes are required. No flip-flops or sandals are allowed in the gym. Please do not wear clothing that may be offensive to other members. Members who do not adhere to the requirements for proper attire may be asked to leave.

Personal Hygiene

Please refrain from using an excessive amount of scented lotion, perfume and/or cologne. The scents can be overwhelming and trigger respiratory problems for some clients. Additionally, please be conscious of your own scent and be respectful of others. You are in a gym and are going to sweat, but please try to minimize body odor by wearing deodorant and showering.

Hours

The Wellness Center is open to members on a 24 hour, 7-day per week basis. The Wellness Center is staffed Monday thru Friday 7am – 7pm, unless otherwise noted.

Food & Drink

Water is available at the water fountain in the back hallway or you may purchase water in the vending area on the 1st floor. Food is not allowed on the fitness floor or in the aerobics rooms unless special authorization has been granted by management.

Equipment Area

The fitness floor includes cardiovascular and strength training equipment for our members and guests. Wellness Center staff is available to answer any questions you may have as you work out. Please do not hesitate to ask a staff member for help if you have a question!

Wellness staff cleans the equipment on a regular basis and we appreciate your help too! Please wipe down equipment when you are done using it, replace weights, attachments and bars and do not leave trash on or near the equipment. Please leave personal bags in the locker rooms or on one of the coat hooks.

Please be considerate of others and allow them to “work in” between your sets on the strength training equipment.

Member Initial _____

Group Exercise Classes

A variety of exercise classes are offered throughout the day. Class schedules are available at the front desk or on-line at www.stmarysathens.org. Class sizes are limited due to room size, so arrive early to guarantee you have a spot in the class you would like to attend! Please do not enter a class more than 5 minutes after it has started to avoid interrupting the class.

Every effort is made to find a substitute instructor for a class in the event an instructor cannot teach their scheduled class. Unfortunately, a substitute cannot always be secured and a cancellation notice will be posted as soon as all substitute options are exhausted. You may call the Wellness Center to verify that a class is on schedule for any given day or time.

Towels

Towels are provided as a benefit to our members and guests. Please limit yourself to one hand towel and one bath towel per visit. Please deposit used towels in the towel bins. Please note, at times, we may experience interruptions in towel service due to circumstances beyond our control which impacts our ability to provide towels.

Personal Training

As a member of St. Mary's Wellness Center, you are entitled to an initial first workout session to design an initial workout plan and to orient you to the equipment.

Additional personal training is available to all members. Appointments are required for personal training. See a staff member for more information!

Health Evaluation

One free fitness assessment every 6 months is included in your membership. An appointment is required for the health evaluation.

Massage Therapy

Massage Therapy is available on an appointment basis Monday through Friday. Appointments fill up fast, therefore, please allow up to two weeks when booking appointments.

Locker Rooms

Locker rooms are provided for members and guests. Shower soap is provided in each of the private showers. There are 15 full-length lockers in each locker room and are day use lockers only. Please bring a personal lock to secure your belongings while you are here working out and remove your belongings when you leave each day. Locks that remain on a locker for more than 3 days will be removed. St. Mary's Wellness Center will not be responsible for lost or stolen items in the facility.

Member Initial _____

Membership Payments

Payment for membership is expected at time of enrollment. Members are given 2 weeks from due date specified on the invoice to pay membership dues prior to having their membership card deactivated.

Recurring ACH draft accounts are required for clients who wish to pay using the monthly payment plan. A signed agreement must be completed to pay via automatic draft.

Child Policy

Childcare is not provided at the current time. Children ages 12 – 15 are able to use the fitness center with parental supervision at all times. Ages 16 and up may use the facility without parental supervision.

Physician Referral

In the event that you have any underlying medical conditions or are considered “high risk” for cardiovascular disease, St. Mary’s Wellness Center will contact your physician to obtain a physician referral so that we can ensure you are exercising safely.

Wi-Fi Access

St. Mary’s/CHE Trinity Information Technology Services provide a free, wireless network for our clients. Look for the “iGuest” network on your device and connect to the network.

Member Initial _____