



OWNED BY WILSON MEDICAL CENTER

Membership Application

602 Main • Neodesha, KS 66757

PERSONAL INFORMATION

First Name	Last Name	MI	Home Phone	Cell Phone	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Current Address	Apt / Suite	City	State	Zip code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Sex	Age	Contact Name	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

IN CASE OF EMERGENCY:

TO BE COMPLETED BY GET FIT 24/7 REPRESENTATIVE ONLY

GYM MEMBERSHIP INFORMATION

- Single
 Senior (55+)
 Corporate
 City of Neodesha Employee
 WMC Employee
 USD#461 Employee
 Family
 Senior Family
 Corporate Family
 City of Neodesha Employee Family
 WMC Family

EXERCISE CLASSES

- Monday / Wednesday Classes
 Tuesday / Thursday Barre & Bands
 Senior Exercise Class
 Pickleball
 Non-Member Exercise Classes
 Non-Member Combo Classes

FEES

Application Fee	Monthly Dues	Amount Paid	Date of First Bill
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

METHOD OF PAYMENT

- Cash
 Check
 Payroll Deduction
 Direct Deposit

Member Signature	Date
<input type="text"/>	<input type="text"/>

Wellness Center Coordinator	Date
<input type="text"/>	<input type="text"/>



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ASSUMPTION OF RISK

I, [redacted], recognize that exercise might be difficult and strenuous and that there could be dangers inherent in exercise for some individuals. I understand that as a result of my participation in this exercise program, I could suffer an injury or physical disorder. If I have chosen not to obtain a physician's permission prior to beginning this exercise program, I hereby agree that I am doing so at my own risk.

In any event, I acknowledge and agree that I assume the risks associated with any and all exercises in which I participate.

WAIVER & COVENANT NOT TO SUE

I have volunteered to participate in Get Fit 24/7's exercise program and/or Erica's Dance and Fitness Program, which will include aerobic exercise and weight resistance training. I agree and hereby hold harmless, Get Fit 24/7 - Owned by Wilson Medical Center, and/or Joy's Fitness Classes and Personal Training Sessions and respective agents, from any and all claims, demands, damages, rights of action or causes of action, present or future, arising out of or connected with my participation in this exercise program.

Participant's Signature

Date

Email

Printed Name



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WELLNESS CENTER RISK FACTOR QUESTIONNAIRE

Name	Physician	Date of Last Physical
<input type="text"/>	<input type="text"/>	<input type="text"/>

Have you ever been diagnosed as having a heart attack? Date Yes No

Has your doctor ever said you have a heart condition? _____ Yes No

Comment

Have you ever had symptoms such as chest pain or discomfort, unusual pressure of the chest, or shortness of breath at rest with mild exertion? Yes No

Comment

Do you have any family history of coronary (heart) or other atherosclerotic (heart and vessels) disease in parents or siblings prior to age 60? Yes No

If Yes, Explain

Are you pregnant? _____ Yes No

Has your doctor ever said your blood pressure was too high (140/90 or greater)? Yes No

Comment

Have you ever smoked? _____ Yes No

If Yes, Number of Years If Yes, Number of Cigarettes a Day When did you stop smoking?

Have you ever been told you have high cholesterol? _____ Yes No

Comment

List of Cholesterol Medications

Are you diabetic? _____ Yes No

If yes, on Insulin?

Are you taking any medications? _____ Yes No

Please List:



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WELLNESS CENTER RISK FACTOR QUESTIONNAIRE

Do you have thyroid or kidney disease? _____ Yes No

Comment _____

Do you have a history of lung disease? _____ Yes No

Comment _____

Do you have any medical condition (orthopedic or other) that might limit or prohibit any form of exercise? _____ Yes No

Comment _____

Exercise history? _____ Yes No

Type of Activity /
Frequency

To the best of my knowledge all of the above statements are true.

Member

Date

Wellness Center Staff

Date

Staff Notes



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ATTENTION:

Due to safety precautions and insurance liability:

- No children under 14 years of age are permitted inside of Get Fit 24/7 unless special authorization has been granted by our Staff for Rehabilitation services.
- All family members under 16 years of age must be accompanied **at all times** by a parent listed on their family account.
- UNDER NO CIRCUMSTANCES are unauthorized persons allowed in the fitness center.

DO NOT assist with outside entrance into the fitness center, as this is considered an act of theft.
All members in good standings will have an operable key fob to enter this facility.

Any such violation towards these policies can result in termination of membership privileges.

Signature

Date

Please download this form as a PDF and email to getfit@wmcrc.org