

## Welcome to the Jefferson Regional Wellness Center!

You are taking the first step to improving your health, reducing your risk of heart disease, and enhancing your quality of life. Follow the simple steps below to join the Wellness Center.



1. Complete the application to join. Pay pro-rated dues and any applicable joining fees at this time.

Date: \_\_\_\_\_

2. First time members have the option to schedule an appointment for an assessment/orientation. An exercise specialist may then check your weight, go over your health concerns, and help you develop a program for your needs.

Name: \_\_\_\_\_ first \_\_\_\_\_ mi \_\_\_\_\_

last \_\_\_\_\_

Birthdate \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender \_\_\_\_\_

3. Please note: our payment policy is bank draft. Please bring a voided check.

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

4. If you are over the age of 69, you will need to obtain clearance from your physician releasing you to begin an exercise program. This form may be returned by fax at: 870-541-7326.

Home phone #: \_\_\_\_\_

Work phone # \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Email: \_\_\_\_\_

### Official Use Only

Have you ever been a Wellness Center Member?

Yes \_\_\_\_\_ No \_\_\_\_\_

Is this a family membership?

Yes \_\_\_\_\_ No \_\_\_\_\_

List family members:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Fees paid:

Joining fee: \_\_\_\_\_

Pro-rate dues: \_\_\_\_\_

Next month dues: \_\_\_\_\_

Total paid: \_\_\_\_\_ cash or check # \_\_\_\_\_

I authorize Jefferson Regional to automatically draft my dues on the 15th day of each month.

Name of Financial Institution: \_\_\_\_\_

\_\_\_\_\_ Checking

\_\_\_\_\_ Savings

Routing # \_\_\_\_\_

Account # \_\_\_\_\_

Amount to be drafted: \_\_\_\_\_

Signature to Authorize draft: (attach voided check)

\_\_\_\_\_

**Physical Activity Readiness Questionnaire (PAR-Q)**  
**(The PAR-Q is for People Aged 18-69)**

Regular physical activity is fun and healthy and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before exercising or participating in a group fitness class.

If you wish to join the Jefferson Regional Wellness Center, start by answering the seven questions below. If you are between 18 and 69, the PAR-Q will tell you if you need to check with your doctor before starting to participate in a fitness class. **If you are 70 years of age or older, you will need to receive clearance from your physician to participate – ask Wellness Center staff for the Physician's Clearance Form.**

Please read the questions carefully and answer each one honestly: Check YES or NO.

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YES NO

- ☐ ☐ 1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by doctor?
- ☐ ☐ 2. Do you feel pain in your chest when you do physical activity?
- ☐ ☐ 3. In the past month, have you had chest pain when you were not doing physical activity?
- ☐ ☐ 4. Do you lose your balance because of dizziness or do you ever lose consciousness?
- ☐ ☐ 5. Do you have a bone or joint problem (e.g. back, knee, or hip) that could be made worse by a change in your physical activity?
- ☐ ☐ 6. Is your doctor currently prescribing drugs (e.g. water pills) for your blood pressure or heart condition?
- ☐ ☐ 7. Do you know of any other reason why you should not do physical activity?
- 

***If you answered YES to one or more questions:***

Talk with your doctor by phone or in person in order to be cleared for participation. Tell your doctor about the PAR-Q and about the questions to which you answered YES.

- Share the Physician's Clearance Form with your doctor in order to obtain his/her clearance to participate in activity at the Jefferson Regional Wellness Center.
- Talk with your doctor about the activities that you wish to participate in and follow his/her advice.

***If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:***

- Start becoming more physically active- begin slowly/build gradually. This is the safest way to go.
- Take part in a fitness appraisal- this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.
- Note: If your health changes so that you then answer YES to any of the above questions, please consult with your doctor for a physical evaluation and request another PAR-Q form from the Jefferson Regional Wellness Center.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Signature \_\_\_\_\_ Today's Date \_\_\_\_\_



The undersigned hereby apply to take part in the physical fitness activities conducted by Jefferson Hospital Association, Inc. under the name of Jefferson Regional Wellness Center. I have inspected the premises of the Wellness Center and have been provided all the information requested by me concerning its activities, including the possibility of unexpected physical problems occurring both during and after such activities. In consideration of the approval and acceptance of my application to take part in activities of the Wellness Center, I specifically assume all risk of injury or damage to me which may occur either on or off the premises. I hereby for myself, my heirs and administrators and assigns, release and discharge Jefferson Hospital Association, Inc., Jefferson Regional Wellness Center, and its operators, physicians, employees and agents of and from all claims, demands, actions and causes of action of any sort for injuries sustained to my person and/or property arising in any way out of participation in the activities of the Wellness Center, including those that may be caused by negligence or any other fault of any person included within this release. I further represent that if I have any history of medical problems which might be affected by my participation in the activities of the Wellness Center, that I have consulted my own physician and that I have the approval of the physician to participate. In Witness Whereof, I have executed this application and release of all claims on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_. I have read and understand the foregoing application and release of all claims.

Parent or legal guardian  
(18 years or under)

**You are responsible for your dues regardless of whether or not you use the facility.** We do not cancel your membership for nonattendance. Only you can cancel your membership.

When your bank account is drafted on the 15th of the month, it is for the current month. Should you cancel your membership, you will still be drafted for that month. You must cancel by the last business day of the month to ensure that your account is not drafted the following month.

Date \_\_\_\_\_

## **RULES AND REGULATIONS:**

1. You must check in at the front desk with your membership card. If you do not have your card, you must show your driver's license upon checking in.
2. Guest fees are \$10 per visit.
3. Lockers may be checked out at the front desk. Membership card, or other collateral, will be held until the locker key is returned.
4. Children 10-13 must be accompanied by a parent when using the facility. Children 16 and older may join without a parent. No weight training until 14 years of age.
5. Children under the age of 10 are allowed in the kid's room only. If a child becomes disruptive, you will be asked to leave.
6. Members are responsible for putting weights and other equipment in the proper place after use. Also, please wipe down equipment after use.
7. No grunting, no dropping, banging or clanging weights.
8. Shirts, closed toe shoes, and other appropriate attire must be worn at all times.
9. The use of any tobacco products, alcoholic beverage or any other controlled substance is not allowed on the grounds or in the facility.
10. No loud or profane language will be tolerated in the Wellness Center.
11. Absolutely no fighting or scuffling on the grounds or in the facility.
12. Possession of weapons of any kind is strictly prohibited.
13. Any behavior or conduct considered immoral, indecent, or harassment in any public or private setting is considered immoral, indecent, or harassment at the Jefferson Regional Wellness Center and will not be tolerated.
14. Wellness Center reserves the right to refuse membership or guest passes to anyone. No explanation is required or given.
15. I do hereby consent to the use by Jefferson Regional for the purposes of advertising, public relations or trade the photography, likeness or reproduction of me, my voice or any electronic recording of me.

One verbal warning will be given. Refusal to comply with these rules will result in termination of membership. For Rules 10-14, violation will result in immediate termination of membership.

I have read, understand and will comply with the rules for the Wellness Center.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date