



Wellness

Journey to the Best YOU

Baird Wellness Center and Pool Member Application

361-5699 or ext. 33783 on campus

Personal Information:

Name: (Mr., Mrs., Ms.) _____

Birth Date: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (Home) _____ (Mobile): _____ (Work): _____

Township/Boro: _____

E-mail Address: _____

Referral Source: Facebook Ad: ___ Google Ad: ___ Friend: ___ Website: ___ Brochure: ___

Member: ___ Name of referring member: _____

Other: ___ If other, specify: _____

Emergency Contact:

Name: _____

Phone: _____

Relationship: _____

For BWC Staff:

Key Tag #: _____

Member Health Information

Check if you have/had any of the following medical problems:

- | | | |
|--|---|--|
| <input type="checkbox"/> Alzheimer's | <input type="checkbox"/> Angina | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Cancer | <input type="checkbox"/> COPD |
| <input type="checkbox"/> Dementia | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Dizziness w/exercise |
| <input type="checkbox"/> DJD | <input type="checkbox"/> Emphysema | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> Heart Attack | <input type="checkbox"/> Heart Murmur |
| <input type="checkbox"/> Incontinence | <input type="checkbox"/> Irregular Heart Beat | <input type="checkbox"/> Stroke/TIA |
| <input type="checkbox"/> Joint Replacement | <input type="checkbox"/> Pacemaker | <input type="checkbox"/> Mitral Valve Prolapse |
| <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Sciatica | <input type="checkbox"/> Parkinson's |
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Varicose Veins | |

Valve Disease

Have you had any recent surgeries? _____

Muscular or skeletal disorders (sprains, back injury, swelling) _____

Any known allergies? _____

Females: Are you pregnant? If yes, how many weeks? _____

Please list any medications you are taking - _____

Please read the following questions carefully and answer them to the best of your ability. Information is kept confidential.

Do you feel pain in your chest when you engage in physical activity?

Do you feel pain in your chest when you are not doing physical activity?

Have you been told that you have high blood pressure?

Have you been told that you have high cholesterol?

Does your heart race for no apparent reason, or do you have skipped heart beats, or do you have extra heart beats?

Have you been told that you have/had heart problems, an abnormal EKG, or a heart attack?

Do you frequently have leg cramps with exercise?

Do you often have difficulty breathing?

Do you ever feel short of breath?

Has anyone in your immediate family (parents/brothers/sisters) had a heart attack, stroke, or cardiovascular disease before the age of 55?

Do you smoke?

Are you currently exercising LESS than 1 hour per week? If you answered no, please list your activities: _____

Are you currently being treated for a bone or joint problem that restricts you from engaging in physical activity?

If you answered "Yes" to any of the above questions, please explain briefly:

Please list any other conditions that may affect your ability to exercise in the pool or in the wellness center:

MASONIC VILLAGE at ELIZABETHTOWN
Contract, Consent and Release Agreement

Rules, Regulations and Schedules

Member agrees to abide by all the membership rules, regulations and schedules of the Baird Wellness Center (BWC) and swimming pools, which may be posted at the BWC and pools, or issued orally and may be amended from time to time, at Management's sole discretion.

Presentation of Membership Card

No one will be admitted to the BWC or pools without displaying a valid membership card or registering as a guest. If membership card is lost or stolen, a replacement fee will be charged.

Transfer of Membership

Membership may not be transferred.

Closure

Routine or special maintenance may require the closure of the pools. Should the BWC or pools close temporarily for 30 days or more, the buyer shall receive an extension of the membership term equal to the period during which the facility is closed. Any time less than 30 days will not receive an extension of membership.

Freezing Your Membership

You may freeze your BWC and Patton/Flohr pool membership for any reason for an additional fee per month if you paid your membership fee in full by cash, check or credit card.

Valuables and Personal Property

You are urged to avoid bringing valuables into the BWC and pools. The BWC and Masonic Village at Elizabethtown shall not be liable for the loss or theft of, or damage to any personal property.

Dress Code

Shoes, shirt, shorts/pants are required. Loose fitting comfortable clothing and sneakers are recommended. NO opened toed shoes or anything worn loose around the neck is permitted. See posted Pool Rules for dress code at each pool.

Entire Agreement

This contract constitutes the entire and exclusive agreement between the parties and supersedes any oral or written understanding. This contract may only be modified in a writing executed by a duly authorized representative of the BWC.

Member's Right to Cancel

If you wish to cancel this contract, you may cancel by delivering or mailing by certified United States mail, return receipt requested, written notice to the Baird Wellness Center, 1 Masonic Drive, Elizabethtown, PA 17022. The notice must say that you do not wish to be bound by the contract and must be delivered or mailed before 12 midnight of the third business day after you sign and receive copy of this contract. Such notice must include any forms, membership cards and any other document of evidence of membership previously delivered to you. In some cases, you may also cancel this contract if the club moves or goes out of business, if you become permanently disabled or if you move from the area. If you cancel, the Baird Wellness Center may be entitled to a certain portion of the contract price. Masonic Village Elizabethtown may in its sole discretion terminate this Contract at any time upon providing written notice to member in the event that member has violated any of the membership rules, regulations, or schedules. This is a 12 month commitment. After 12 months you may cancel at any time by filling out a cancellation form at the Wellness Center.

Thank you for choosing to use the facilities, services, and/or programs of Baird Wellness Center and/or swimming pools. We request your understanding and cooperation in maintaining both your and our safety and health by reading and signing the following consent agreement.

I understand that each person, (myself included), has a different physical capacity for participating in such activities, facilities, programs, and services. I am aware that all activities, services, and programs offered are educational, recreational, and self-directed in nature. I assume full responsibility during and after my participation, for my choices to voluntarily use or apply, at my own risk, the information or instruction I receive.

I understand the risk involved in undertaking such activities relative to my state of fitness or health (physical, mental, or emotional) and the importance of the awareness, care, and skill with which I conduct myself in that activity or program. I acknowledge my voluntary choice to participate in the activities, services, and programs of Baird Wellness Center and/or swimming pools brings with it my assumption of those risks stemming from this choice and my fitness, health, awareness, care, and skill.

I recognize that by voluntarily participating in the activities, facilities, programs, and services offered by Baird Wellness Center and/or swimming pools, I may experience potential health risks such as light-headedness, fainting, abnormal blood pressure, chest discomfort, leg cramps, and nausea and that I voluntarily assume those risks. I acknowledge my obligation to immediately inform the nearest supervising employee of any pain, discomfort, fatigue, or any other symptoms that I may suffer during and immediately after my participation. I understand that I may stop or delay my participation in any activity or procedure if I so desire and that I may also be requested to stop and rest by a supervising employee who observes any symptoms of distress or abnormal response.

I understand the following list of contraindications of swimming pool and spa use:

Swimming Pool: Open wounds, infection of any type, incontinence, ostomy, tracheotomy tubes, g-Tubes and suprapubic tubes with unhealed tissue around insertion, uncontrolled seizures (must be seizure free for 3 months), fever, cast of any type.

Spa: Heart disease, high/low blood pressure, diabetes, medications that cause drowsiness or alterations in blood pressure.

It is recommended that you consult with your physician before using any and all of Baird Wellness Center facilities.

I understand that I may ask any questions or request further explanation or information about the activities, facilities, programs, and services offered by Baird Wellness Center and/or swimming pools at any time before, during, or after my participation.

I hereby release Masonic Villages, its employees, officers, directors, agents, and successors from any and all manner of actions, causes of action, individual and class action claims or demands of every kind whatsoever, in law or equity including, but not limited to, all claims or potential claims arising out of my voluntary participation in, or any injury sustained from, or as a result of, my use of the facilities, services, and/or programs at Baird Wellness Center and/or swimming pools. I affirm that I have read this Consent and Release Agreement, and understand its contents. I have had the opportunity to ask questions regarding the Agreement, facilities, services and programs and affirm that any such questions have been answered satisfactorily.

Print Name

Member Signature (Signature of Parent or Guardian if under age 18)

Date