

By checking this box, you agree that e-signatures typed into this form are validated as your willing signature.



CARROLL WELLNESS CENTER MEMBERSHIP APPLICATION

PLEASE PRINT

[Click the Down Arrow to Make Your Selection](#)

Membership Type: <input type="text"/>	Membership Number: <input type="text"/>
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MEMBER INFORMATION			
First Name: <input type="text"/>	Last Name: <input type="text"/>	MI: <input type="text"/>	
Date of Birth: <input type="text"/>		Sex: <input type="text"/>	
Mailing Address: <input type="text"/>	City: <input type="text"/>	State: <input type="text"/>	Zip: <input type="text"/>
Cell Phone #: <input type="text"/>		Alternative Phone #: <input type="text"/>	
Email: <input type="text"/>		Employer: <input type="text"/>	

SPOUSE INFORMATION ONLY PROVIDE SPOUSE INFORMATION IF SPOUSE IS JOINING			
First Name: <input type="text"/>	Last Name: <input type="text"/>	MI: <input type="text"/>	
Date of Birth: <input type="text"/>		Sex: <input type="text"/>	
Cell Phone #: <input type="text"/>	Alternative Phone #: <input type="text"/>		
Email: <input type="text"/>		Employer: <input type="text"/>	

EMERGENCY CONTACT NUMBER		
First, Last Name: <input type="text"/>	Phone #: <input type="text"/>	Relationship: <input type="text"/>

LIST ADDITIONAL FAMILY MEMBERS/CHILDREN - ONLY IF THEY ARE JOINING UNDER YOUR FAMILY PLAN					
First Name:	Last Name:	MI:	Date of Birth:	Sex:	Employer/School
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If I am opening an individual membership or an adult couple or family membership, I verify that the above information is true and correct. I verify that all family members listed are my immediate family only, including my married spouse/and or dependent children only under the age of 22. Any other child may only be listed if I have legal custody and have provided written documentation for my membership file.

Member/Account Holder's Signature: <input type="text"/>	Date: <input type="text"/>
Member/Account Holder's Signature (Spouse): <input type="text"/>	Date: <input type="text"/>

CARROLL WELLNESS CENTER USE ONLY

CWC Employee Signature

Date

#CWCstrong
Revised August 2020

CARROLL WELLNESS CENTER PARTICIPATION AGREEMENT



Thank you for choosing to use the facilities, services, and/or programs of the Carroll Wellness Center.

Participation Agreement: All participants understand that all activities at CWC are voluntary and he/she understands and appreciates the risks involved with any type of physical activity. The member recognizes and understands if they have and/or any family member covered by CWC membership have any physical problems such as but not limited to asthma, diabetes, anaphylaxis, epilepsy, heart disease, morism, and/or high blood pressure, they should obtain a written medical release from their physician before starting any fitness program. The member warrants he/she has no disability or ailment preventing him/her from engaging in active or passive exercise or that will be detrimental to his/her health, safety or physical condition if he/she does so choose to participate. In addition, the member authorizes CWC to obtain emergency medical care for me and/or any participating member of my family covered by my membership plan at Carroll Wellness Center, in addition, I affirm that myself as well as all members covered under my membership plan will follow all rules related to safety while involved in physical activities at CWC. / (Initial)

ASSUMPTION OF INHERENT RISKS: In consideration of gaining access to participate in activities associated with Carroll Wellness Center including but not limited to all weight room equipment and machinery, swimming/therapy pool, group exercise classes, saunas, programs, gymnasium activities and programs, and any activity or machinery not specifically named but located at 164 Carter Pines Lane, Hillsville, VA 24343 and is property of Carroll Wellness Center or its successors or assigns. I do hereby waive, release and forever discharge Carroll Wellness Center operations, programs and its Executive Officers, Board of Directors, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any integral activities in said program. / (Initial)

I understand that part of the risk involved in undertaking any activity or program is relative to my own state of fitness of health (physical, mental, or emotional) and to the awareness, care, and skill with which I conduct myself in that activity or program. I acknowledge that my choice to participate in any activity, service and program of the Carroll Wellness Center brings with it my assumption of those risks of result stemming from this choice and the fitness, health, awareness, care and skill that I possess and use. I understand that incidents can occur within the institution facility, locker rooms, dressing rooms, showers, and other areas associated with Carroll Wellness Center. This agreement applies to 1) personal injury from accidents or illnesses arising from participation at CWC including but not limited to, enclosed facility and surrounding grounds and 2) any and all claims resulting from the damage to, loss, or of theft of property while at CWC. / (Initial)

I further understand that the activities, programs, and services offered by the Carroll Wellness Center are sometimes conducted by personnel who may not be licensed, certified, or registered instructors or professionals. I accept the fact that the skills and competencies of some employees and/or volunteers will vary according to their training and experience and that no claim is made to offer assessment or treatment of any mental or physical disease or condition by those who not licensed, certified, or registered and herein employed to provide such professional services.

I understand the Carroll Wellness Center will offer long term and daily use locker room rentals. Carroll Wellness Center is not responsible for any item(s) left in any locker or locker room. Members and Potential members leave items in the locker room at their own risk. I understand I must provide my own lock and if my lock is left on a daily use locker Carroll Wellness Center will cut my lock off and I will not be reimbursed for the cost of my lock. / (Initial)

In addition, as with any diet and/or exercise program it was seriously recommended that I consult with a physician before engaging in any activities associated with Carroll Wellness Center. Having read the preceding, I acknowledge full understanding of those risks set forth herein and knowingly agree to accept full responsibility for my family and my own exposures to such risk and to waive full responsibility and liability on behalf of Carroll Wellness Center. Having understood that he/she is giving up the right to sue in the case of injury due to inherent risks or due to negligence of provider; and am voluntarily signing the waiver and participating at own risk for all activities. I acknowledge and agree if a legal dispute arises I will attempt to settle the dispute through Virginia State Law mediator whose name appears in the registry of names, recognized by the Virginia State Court system as a qualified person for mediation assignments. To the extent mediation does not result in a resolution agreeing to submit the dispute to binding arbitration through the Virginia State Association in the State of Virginia.

If membership is a couple or families both adult members need to read and sign this Participation Agreement. I fully understand and acknowledge receipt of a copy of this Participation Agreement.

SIGNATURES REQUIRED	
Participants Name (Print): <input type="text"/>	Date: <input type="text"/>
Participants Signature: <input type="text"/>	
Participants Name-Spouse (Print): <input type="text"/>	Date: <input type="text"/>
Participants Name-Spouse Signature: <input type="text"/>	
Parent/Guardian Signature If participant is under the age of 18: <input type="text"/>	Date: <input type="text"/>

CARROLL WELLNESS CENTER USE ONLY

CWC Employee Signature

Date

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Revised August 2020

CARROLL WELLNESS CENTER PHOTO RELEASE FORM



Carroll Wellness Center occasionally uses photographs of patrons and events in its publications, in the facility, and on its website, www.carrollwc.org. Please sign the release form to grant Carroll Wellness Center permission to use your and/or your child's photo.

I hereby grant permission to Carroll Wellness Center to use my photograph on its website, in the Carroll Wellness Center facility, or in other official printed publications without further consideration, and I acknowledge that Carroll Wellness Center may choose not to use my photo, but may do so at its own discretion at a later date. I also understand that once my image is posted on Carroll Wellness Center's website, the image can be downloaded. Therefore, I agree to indemnify and hold harmless for any claims the following:

- Board of Directors of Carroll Wellness Center
- Employees of Carroll Wellness Center

Carroll Wellness Center reserves the right to discontinue use of photos without notice.

SIGNATURES REQUIRED	
First Name, Last Name: <input type="text"/>	
Phone Number and/or E-mail Address: <input type="text"/>	
Member/Account Holder's Signature: <input type="text"/>	Date: <input type="text"/>
For participants under the age of 18, the permission of the parent or guardian is required on this Photo Release Form. I hereby grant permission to Carroll Wellness Center to use the photograph of my child as outlined above.	
First Name, Last Name of child under the age of 18: <input type="text"/>	
Parent/Guardian Signature: <input type="text"/>	Date: <input type="text"/>

CARROLL WELLNESS CENTER USE ONLY

CWC Employee Signature

Date

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CARROLL WELLNESS CENTER ACKNOWLEDGMENT OF POLICIES AND PROCEDURES HANDBOOK



I, **(Name)** have signed up as a member of

Carroll Wellness Center. On **(Date)** I received a

copy of Carroll Wellness Center Policies and Procedures Handbook and Participation Agreement Form and do

hereby agree to read all the contents.

I understand the policies and procedures set forth by the Carroll Wellness Center, Inc. Board of Directors and I

understand I will have the opportunity to discuss my specific needs in relation to participatory activity with a Carroll

Wellness Center management employee and as a result, I do voluntarily request the right to participate in this

preventive program of exercise and fitness. **(Initial)**

If membership is a couple or families both adult members need to read and sign this agreement.

SIGNATURES REQUIRED	
Member/Account Holder's Signature: <input type="text"/>	Date: <input type="text"/>
Member/Account Holder's Signature (Spouse): <input type="text"/>	Date: <input type="text"/>

CARROLL WELLNESS CENTER USE ONLY

CWC Employee Signature

Date

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CARROLL WELLNESS CENTER

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)



Facility Consultation appointment scheduled with
 CWC Trainer Appointment Date

Member did not want to schedule anything at this time.

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 they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the eight questions in the box below. If you are above the age of 15, the PAR-Q will tell if you should check with your doctor before you start. American College of Sports Medicine (ACSM) and National Academy and Sports Medicine (NASM) guidelines require that men over the age of 45 and women over the age of 55 complete a "Medical Authorization Form"

YES	NO	QUESTIONNAIRE
<input type="checkbox"/>	<input type="checkbox"/>	1. Are you a man over the age of 45 or a woman over the age of 55?
<input type="checkbox"/>	<input type="checkbox"/>	2. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
<input type="checkbox"/>	<input type="checkbox"/>	3. Do you feel pain in your chest when you do physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	4. In the past month, have you had chest pain when you were not doing physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	5. Do you lose your balance because of dizziness or do you ever lose consciousness?
<input type="checkbox"/>	<input type="checkbox"/>	6. Do you have a bone or joint problem that could be made worse by a change in your physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	7. Is your doctor currently prescribing drugs (For example, water pills) for your blood pressure or heart condition?
<input type="checkbox"/>	<input type="checkbox"/>	8. Do you know of any other reason why you should not do physical activity?

IF YOU ANSWERED YES TO ONE OR MORE QUESTIONS: You should complete a Medical Authorization Form BEFORE you meet with a trainer or become more physically active. Tell your doctor about the PAR-Q and which questions you answered YES.
 NOTE: You may be able to do any activity you want – as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.

NO TO ALL QUESTIONS: If you answered NO honestly to all PAR-Q questions you can be reasonably sure that you can become more physically active and take part in a fitness appraisal/training.

NOTES: If you are or may be pregnant – talk with your doctor before you start becoming more active. If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction.

Member/Account Holder's Signature:	<input type="text"/>	Date: <input type="text"/>
Parent/Guardian Signature If member is under the age of 18:	<input type="text"/>	Date: <input type="text"/>
Reviewed by CWC CPT	<input type="text"/>	Date: <input type="text"/>

CARROLL WELLNESS CENTER USE ONLY

CWC Employee Signature

Date

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CARROLL WELLNESS CENTER

PAR-Q CLARIFICATIONS



For most people, physical activity should not pose any problem or hazard. PAR-Q has been designed to identify the small number of adults for whom physical activity must be inappropriate and those who should have medical advice concerning the type of activity most suitable.

1. Has a doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?

Significance/clarification: Persons with known heart diseases are at increased risk for cardiac complications during exercise. They should consult a physician and undergo exercise testing before starting an exercise program in order to ensure that exercise prescription follows standard guidelines for cardiac patients. NOTE: Medical supervision may be required during exercise training

2. Do you feel pain in your chest when you do physical activity?

Significance/clarification: See question 3.

3. In the past month, have you had chest pain when you were not doing physical activity?

Significance/clarification: A physician should be consulted to identify the cause of the chest pain, whether it occurs at rest or with exertion. If ischemic in origin, the condition should be stabilized before starting an exercise program. Exercise testing should be performed with the patient on his or her usual medication and the exercise prescription formulated in accordance with standard guidelines for cardiac patients.

4. Do you lose your balance because of dizziness or do you ever lose consciousness?

Significance/clarification: A physician should be consulted to establish the cause of these symptoms, which may be related to potentially life-threatening medical conditions. Exercise training should not be undertaken until serious cardiac disorders have been excluded.

5. Do you have bone or joint problems that could be made worse by a change in your physical activity?

Significance/clarification: Existing musculoskeletal disorders may be exacerbated by inappropriate exercise training. Persons with forms of arthritis known to be associated with a systemic component (for example, rheumatoid arthritis) may be at an increased risk for exercise related medical complications. A physician should be consulted to determine whether any special precautions are required during exercise training.

6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?

Significance/clarification: See question 1. Medication effects should be considered when formulating the exercise prescription. The exercise prescription should be formulated in accordance with guidelines or the specific cardiovascular disease for which medications are being used. A physician should be consulted to determine whether the condition or factor requires special precautions during exercise training or contraindicates exercise training.)

7. Do you know of any other reasons why you should not do physical activity?

Significance/clarification: The exercise prescription may have to be modified in accordance with the specific reason provided.

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CWC Employee Signature

Date

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CARROLL WELLNESS CENTER MEDICAL RELEASE FORM



PLEASE PRINT

MEMBER GENERAL INFORMATION		
First Name: <input style="width: 90%;" type="text"/>	Last Name: <input style="width: 90%;" type="text"/>	MI: <input style="width: 80%;" type="text"/>
Date of Birth: <input style="width: 90%;" type="text"/>	Phone Number: <input style="width: 95%;" type="text"/>	
OUTPATIENT MEDICATIONS		
Medication	Milligrams	Frequency
<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>
<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>
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<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>
<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>
OTHER HEALTH CONDITIONS		
<input style="width: 100%; height: 100%;" type="text"/>		
EMERGENCY CONTACT INFORMATION		
First Name, Last Name: <input style="width: 95%;" type="text"/>		
Phone Number: <input style="width: 95%;" type="text"/>		
Relationship to Member: <input style="width: 95%;" type="text"/>		

CARROLL WELLNESS CENTER USE ONLY

CWC Employee Signature _____ Date _____

#CWCstrong
Revised August 2020

CARROLL WELLNESS CENTER SUPERVISED PLAY AREA POLICIES AND PROCEDURES



- Children ages 8 weeks through 10 years of age are allowed to stay in the play area only, while their parents (who are members of the facility or have paid the daily guest rate) are workout out and/or participating in CWC activities only. Parents must remain in the facility at all times.
- Please see posted hours for the Supervised Play Area. They are posted in the play area and at the front desk.
- Parents leaving their children in the supervised play area must REMAIN in the CWC facility. Only exception – if you are walking the trails around the facility or the 5K route then you must advise the Front Desk staff and Supervised Play Area staff and leave a cell phone number that you have with you.
- There is a (2) two-hour limit per child per visit.
- An announcement will be made fifteen minutes prior to the Supervised Play Area closing morning and evening to let parents know we are getting ready to close the Supervised Play Area.
- CWC does not want to contribute to your child becoming sick. **If a child is brought in sick, it will be at the discretion of the CWC Supervised Play Area staff if the child will be kept.** Should a child become sick while in CWC care, parents will be asked to pick up the child as soon as we alert you. Please help us by NOT leaving your SICK children in the Supervised Play Area.
- Snacks and drinks are an issue. Please don't leave snacks for your children. If you want your child to have a snack, please feel free to use the concession area before or after your visit to the supervised play area. Sippy cups and bottles will be accepted with the child's name on it.
- Parents must provide their child's diapers. When leaving diaper bags, please have your name on it for identification.
- CWC has a supply of toys and activities for your children. Please let your children play with these toys and do not bring their own. CWC toys are disinfected daily.
- The same parent signing child in MUST sign the child out. Children may not sign siblings out and children may not come and go out of the play area. They must stay until a parent signs them out.

Your support and cooperation is needed to make Carroll Wellness Center Supervised Play Area a success. We are working to make the Supervised Play Area a fun place for your child to visit while you exercise. I am signing acknowledging that I will follow the above policies.

SIGNATURES REQUIRED	
Child's First, Last Name:	<input type="text"/>
Parent/Guardian Name:	<input type="text"/>
Parent/Guardian Signature:	<input type="text"/>
Date:	<input type="text"/>

CARROLL WELLNESS CENTER USE ONLY

CWC Employee Signature

Date

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Revised August 2020

CARROLL WELLNESS CENTER

CHILDREN POLICIES AND PROCEDURES



We welcome the use of our facilities by children. However, dependent upon the age of the child certain facilities and services are not appropriate for them. To assure the safety and enjoyment of all center members the following policies apply in regards to children.

CHILDREN 8 WEEKS – 10 YEARS

Parental supervision or designated family member over the age of 18 (grandparent, aunt, uncle, or sibling) who is also a member of the center is required. This rule applies to children who are with their parents as guests. Children in this age group who are included in a family or individual plus memberships may utilize the following facilities when a parent is participating in the same activity.

- Pool: During designated family time or if participating in swim lessons.
- Therapy Pool: NO ONE under the age of 14 is allowed in the Therapy Pool. – Admittance to a therapy pool is at lifeguard's discretion. No toys allowed (balls, sinkers, etc); noodles and dumbbells will be allowed for Therapy purposes only, no jumping from the side, no splashing.
- Saunas: Children are not allowed in the sauna at any time.
- Track: Must show enough maturity to be able to participate without interfering with the enjoyment of others.
- Basketball: Shoot around and family time. No gum is allowed in the gym. No street shoes, boots, etc allowed in the gym
- Locker Rooms: Children 4 and under may use either male or female locker rooms with parents. **Children 5 and up must use the same sex locker rooms.** A special "Family" locker room is also available in the pool area.
- Group Exercise: Children in this age group may participate in any group exercise program designated for their age group. They may not attend any adult classes.
- Cardio Equipment: Children in this age group are not permitted in the weight room or on cardiovascular equipment at any time.
- Weight Room: Children in this age group are not permitted in the weight room/free weight room at any time.

I have read and understand the rules for children age 8 weeks to 10 years and will cover with my children in this age group.

Parent's Initials

CHILDREN 10 – 14

To participate in the following programs a child must be part of a Family Membership. Parental supervision or designated family members over the age of 15 (grandparent, aunt, uncle, or sibling) who is also a member of CWC is required to be in the CWC facility at all times.

Pool: Family time, swim lessons and specially classes/activities. Upon passing a swim test and registering in the swim test log, parent(s) do not have to be with a child in the pool area during family time but must remain in the Center. During swim lessons, the need of parents to remain on the pool desk will be advertised with the class information and will be determined by the type of class and the age of the child involved.

- Therapy Pool: NO ONE under the age of 14 is allowed in the Therapy Pool. – Admittance to a therapy pool is at lifeguard's discretion. No toys allowed (balls, sinkers, etc); noodles and dumbbells will be allowed for Therapy purposes only, no jumping from the side, no splashing.
- Saunas: Children are not allowed in the sauna at any time.
- Track: Must show enough maturity to be able to participate without interfering with the enjoyment of others.
- Basketball: Shoot around, family time or special program. Children 10-14 may be unattended in the basketball court, but a parent must be in the CWC facility. No gum is allowed in the gym.
- Group Exercise: Children in this age group are encouraged to participate without interfering with the enjoyment of others.
- Cardio Equipment & Weight Room: Children 10-12 are allowed in the Weight Room/Cardiovascular Equipment with parent's supervision. Children 13 and 14 can use the Weight Room/Cardiovascular Equipment independent at CWC trainer's discretion.

I have read and understand the rules for children age 10 to 14 years and will cover with my children in this age group.

Parent's Initials

CARROLL WELLNESS CENTER USE ONLY

CWC Employee Signature

Date

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YOUTH 13 – 14



- Individual Facility Usage: Children through age 13 – 14 may attend the CWC facility without parental or adult supervision if they follow the listed guidelines. Each youth is responsible for signing into the facility by scanning membership cards or asking the front desk staff to manually put them in.
- Pictures: CWC is now taking pictures of all members; youth pictures must be on file before entering the facility alone.
- Guests: Children age 13 through 14 may not bring a guest into the facility at any time either on a buddy pass or as a paying guest. All youth in the facility aged 13 through 14 must be a CWC member and listed on a family membership.
- Usage: Children aged 13-14 may use the gym, attend group exercise classes and use the pool. They may use the Weight Room/Cardiovascular Equipment independently at CWC trainer's discretion.

I have read and understand the rules for children youth 13-14 years and will cover with my children in this age group.

Parent's Initials

CHILDREN 15-18

Children/Teenagers in this age group must be a CWC member before using the weight room/cardiovascular equipment.

- Group Exercise: Teenagers in this age group are encouraged to participate in any group exercise class.
- Therapy Pool: No One under the age of 14 is allowed in the Therapy Pool. No toys allowed (balls, sinkers, etc); Noodles and Dumbbells will be allowed for Therapy Purposes only. No jumping from the side. No splashing. Ask the lifeguard on duty to let you into the therapy pool.

I have read and understand the rules for children youth 15-18 years and will cover with my children in this age group.

Parent's Initials

As a parent of children covered by the above policies and procedures I understand the above stated policies. I understand it is my responsibility to monitor my children to insure they are adhering to these policies. I do hereby waive, release and forever discharge Carroll Wellness Center operations, programs and its Executive Officers, Board of Directors, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from my child's participation in any activities they are restricted from by these the above stated policies and procedures.

PARENT/GUARDIAN MUST LIST EACH CHILD UNDER THE AGE OF 18 AND SIGN

Child's Name: <input style="width: 90%;" type="text"/>	Age: <input style="width: 90%;" type="text"/>
Child's Name: <input style="width: 90%;" type="text"/>	Age: <input style="width: 90%;" type="text"/>
Child's Name: <input style="width: 90%;" type="text"/>	Age: <input style="width: 90%;" type="text"/>
Child's Name: <input style="width: 90%;" type="text"/>	Age: <input style="width: 90%;" type="text"/>
Parent/Guardian Signature: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>

CARROLL WELLNESS CENTER USE ONLY

CWC Employee Signature

Date

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CARROLL WELLNESS CENTER

MEMBERSHIP PAYMENT AUTHORIZATION



Member Name:			
Membership Type:		Monthly Dues:	
FIRST MONTH INITIAL DUES			
Prorated:		(month)	Amount Due:
Next Month Membership Dues:		(month)	Amount Due:
If joining after the 15th of current month			
Total Amount Due Day of Sign Up:			
Next Payment Due:			

CARROLL WELLNESS CENTER PAYMENT OPTIONS - PLEASE SELECT ONE

OPTION 1: RECURRING CREDIT CARD PAYMENT

Credit Card Withdrawal Date - Check One	<input type="checkbox"/> 1st of every month	<input type="checkbox"/> 15th of the month
	Credit Card Type:	Credit Card #:
Expiration Date:	3 Digit Security Code:	

OPTION 2: RECURRING CHECKING ACCOUNT PAYMENT

Checking Account Withdrawal Date-Check One	<input type="checkbox"/> 1st of every month	<input type="checkbox"/> 15th of the month
	Option 1: Attach Voided Check	
Option 2: Bank Name:		
Account Number:		
Routing Number:		

OPTION 3: RECURRING YEARLY PAYMENT (20% OFF)

Start (month):		Start (year):	
Yearly Paper Statement:	<input type="checkbox"/>	Yearly Withdrawal:	<input type="checkbox"/>
(checking account information must be provided)			

OPTION 4: PAYROLL DEDUCTION THROUGH EMPLOYER

Company Name:	
Payroll Deduction Companies: Carroll County, Carroll County Public Schools, Turman's, Jeff Johnsons	

CARROLL WELLNESS CENTER MEMBERSHIP AGREEMENT (CONTINUED ON BACK)

	(initial) I understand this membership payment authorization of auto draft or payroll deduction will continuously remain in effect unless CWC receives a written and/or email notification from me indicating my desire to discontinue my membership. I understand my payment will discontinue not more than 15 days after receipt of this notice.
	(initial) I understand that if my membership key tag card is lost or damaged, I will be responsible to notify Carroll Wellness Center and pay a \$3.00 replacement fee .
	(initial) I understand that Carroll Wellness Center administration shall have the right to suspend or terminate any membership for late or lack of payment.

Member/Account Holder's Signature:	
Member/Account Holder's Signature (Spouse):	

CARROLL WELLNESS CENTER USE ONLY

CWC Employee Signature

Date

#CWCstrong
Revised August 2020

CARROLL WELLNESS CENTER MEMBERSHIP PAYMENT AGREEMENT FOR ITS SUCCESSORS AND/OR ASSIGNS



The Carroll Wellness Center is a charitable not-for-profit membership organization. Dues are paid by the monthly bank draft plan. I understand the Carroll Wellness Center and/or any Carroll Wellness Center employee, officer or director will have no liability or responsibility for any personal injuries or loss or damage to personal property, sustained by the member while using Carroll Wellness Center facilities.

MONTHLY DRAFT: Terms and Conditions

1. I understand that this is a continuous membership plan and that this membership will remain in effect for as long as I retain the membership card issued to me.
2. Family membership is defined as an individual plus two others from the individual's immediate family. Family is defined as the member plus spouse or dependent children under the age of 22.
3. **(initial)** I understand that if I wish to terminate or change my membership in any way, I must give the Carroll Wellness Center a 15-day written notice.
4. The CWC Board of Directors may, at their discretion, adjust the monthly rate applicable to my category of membership once per year. I understand that I will receive at least four weeks notice prior to any such change.
5. Should my bank for any reason not honor any membership deduction, I realize that I am still responsible for that payment, plus a service charge applied by Carroll Wellness Center. This is in addition to any service fee my bank may charge. I understand that it is my responsibility to notify Carroll Wellness Center with a 15-day written notice should I change my financial institution at any time.
6. Member agrees, on behalf of member and all persons covered by this Agreement, to abide by all Carroll Wellness Center rules and regulations as issued and as may from time to time amended, by all posted notices, and by the direction of Carroll Wellness Center management.
7. Membership key tag cards MUST be presented to enter the facility. Any member who leads their membership key tag card to another individual will be subject to loss of membership privileges.

I/WE AGREE TO THE TERMS AND CONDITIONS OF THIS AUTHORIZATION AGREEMENT	
Member/Account Holder's Signature: (Parent/Guardian if minor) <input type="text"/>	Date: <input type="text"/>
Member/Account Holder's Signature (Spouse): (Parent/Guardian if minor) <input type="text"/>	Date: <input type="text"/>

CARROLL WELLNESS CENTER USE ONLY

CWC Employee Signature

Date

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