

CARROLL WELLNESS CENTER

MEMBERSHIP APPLICATION

PLEASE PRINT

Membership Type:			Membership Number:		
MEMBER INFORMATION					
First Name:		Last Name:		MI:	
Date of Birth:			Sex:		
Mailing Address:			City:	State:	Zip:
Cell Phone #:			Alternative Phone #:		
Email:			Employer:		
SIGNIFICANT OTHER, SPOUSE, OTHER - INFORMATION ONLY PROVIDE INFORMATION IF SIGNIFICANT OTHER, SPOUSE, ETC. IS JOINING					
First Name:		Last Name:		MI:	Memb. #:
Date of Birth:			Sex:		
Cell Phone #:			Alternative Phone #:		
Email:			Employer:		
EMERGENCY CONTACT NUMBER					
Name:			Phone #:		Relationship:
LIST ADDITIONAL FAMILY MEMBERS/CHILDREN ONLY IF THEY ARE JOINING UNDER YOUR FAMILY PLAN					
First Name:	Last Name:	Date of Birth:	Sex:	Cell Phone Number:	Memb. #:

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:	Date:
Member/Account Holder's Signature (Other):	Date:

CARROLL WELLNESS CENTER USE ONLY (EMPLOYEE SIGNATURE) : _____ DATE: _____

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, aneurysm, 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.

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.

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.

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.

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 the provider; and am voluntarily signing the waiver and participating at own risk for all activities. I acknowledge and agree that if a legal dispute arises I will attempt to settle the dispute through a 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.

I fully understand and acknowledge receipt of a copy of this Participation Agreement.

SIGNATURES REQUIRED

Participants Name (Print):	Date:
Participants Signature:	
Participants Name-Spouse (Print):	Date:
Participants Name-Spouse Signature:	
Parent/Guardian Signature If participant is under the age of 18:	Date:

CARROLL WELLNESS CENTER

ACKNOWLEDGMENT OF HANDBOOK

I, _____ **(Name)** have signed up as a member of Carroll Wellness Center and have 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)**

SIGNATURES REQUIRED	
Member/Account Holder's Signature:	Date:
Member/Account Holder's Signature (Spouse):	Date:

CARROLL WELLNESS CENTER

PHOTO RELEASE AGREEMENT

Carroll Wellness Center occasionally takes photographs and videos of activities throughout the facility which are posted on social media sites: Carroll Wellness Center (Facebook Page) and @carrollwellnesscenter (Instagram) and occasionally on our website: www.carrollwc.org. In these postings, names will not be mentioned of the individuals in the particular activity and staff will publicly notify individuals prior to taking photographs or video images.

I grant permission to Carroll Wellness Center and its agents and employees, to use photographs, video images and audio taken of me at the facility (164 Carter Pines Lane, Hillsville, VA 24343) for use in any and all marketing, public relations and advertising mediums used by The Carroll Wellness Center, and to use such photographs, video images and audio in electronic versions of the same for any and all medium distributions without notifying me.

SIGNATURES REQUIRED	
First Name, Last Name (PRINT):	
Member/Account Holder's Signature:	Date:
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.	
Parent/Guardian Signature:	Date:

CARROLL WELLNESS CENTER

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

WHAT IS THE PAR-Q?

The PAR-Q is a simple self-screening tool that is typically used by fitness trainers or coaches to determine the safety or possibly risks of exercising based on your health history, current symptoms, and risk factors. It can also help a trainer create an ideal exercise plan for their client.

WHO SHOULD TAKE THE PAR-Q?

The PAR-Q can and should be used by anyone who is planning to start a new exercise program. Although being physically active is generally safe, some people should check with their doctors before they increase their current level of activity. The PAR-Q is designed to identify the small number of adults for whom physical activity may be inappropriate or those who should have medical advice concerning the type of activity most suitable for them.

YES	NO	QUESTIONNAIRE
		Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
		Do you feel pain in your chest when you do physical activity?
		In the past month, have you had chest pain when you were not doing physical activity?
		Do you lose your balance because of dizziness or do you ever lose consciousness?
		Do you have a bone or joint problem that could be made worse by a change in your physical activity?
		Is your doctor currently prescribing drugs (for example: water pills) for your blood pressure or heart condition?
		Do you know of any other reason why you should not do physical activity?

IF YOU ANSWERED YES TO ONE OR MORE QUESTIONS: It is under our recommendation that you consult with your physician before increasing your physical activity. Ask for medical clearance along with information about specific exercise limitations you may have. In most cases, you will still be able to do any type of physical activity you want as long as you adhere to some guidelines.

NO TO ALL QUESTIONS: It is from our understanding that you can be responsibly sure that you can exercise safely and have low risk of having medical complications from exercise. It is still important to start slowly and increase gradually. It may also be helpful to have a fitness assessment with one of our Certified Personal Trainers in order to determine where to begin.

A WORD FROM THE CARROLL WELLNESS CENTER: Exercise is generally considered safe, beneficial and effective for almost everyone, though some people may need to take a few precautions. The PAR-Q can help you identify whether you should see a doctor before beginning or ramping up an exercise program.

<i>I have read, understood and completed the Physical Activity Readiness Questionnaire (PAR-Q)</i>	
Member/Account Holder's Signature:	Date:
Parent/Guardian Signature: If participant is under the age of 18:	Date:

Facility Consultation appointment scheduled with (CWC CPT):
Date of Consultation:
Member did not wish to schedule an appointment with a CWC Certified Personal Trainer (CPT) at this time _____

PLEASE PRINT

MEMBER GENERAL INFORMATION		
First Name:	Last Name:	MI:
Date of Birth:	Phone Number:	
Physician (Optional):	Physician Phone Numb. (Optional):	
OUTPATIENT MEDICATIONS		
MEDICATIONS	MILLIGRAMS	FREQUENCY
MEDICATION ALLERGIES		
OTHER HEALTH CONDITIONS		
EMERGENCY CONTACT INFORMATION		
First Name, Last Name:		
Phone Number:		
Relationship to Member:		

We welcome the use of our facilities by children. However, depending 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 members 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 the 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.

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 the 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 independently at CWC trainer's discretion.

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 aged 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.

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.

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 ensure 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.

CARROLL WELLNESS CENTER KIDZ ZONE - POLICIES & PROCEDURES

- Children ages 8 weeks through 10 years of age are allowed to stay in the Supervised Kidz Zone area, while their parents (who are members of the facility or have paid the daily guest rate) are exercising out and/or participating in CWC activities only.
- Supervised Kidz Zone is only available during operational hours (Monday - Thursday, 4:00 - 7:30)
- Parents leaving their children in the Supervised Kidz Zone must remain on CWC premises.
- There is a (2) two-hour limit per child per visit.
- We do 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 staff if the child will be kept. Should a child become sick under our care, the parent/guardian will be asked to pick up the child as soon as we alert you.
- We ask that you do not bring snacks in the Kidz Zone primarily due to allergies, etc.
- The same parent signing the 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 Kidz Zone a success.

SIGNATURES REQUIRED

Child/Children's - First, Last Name:

Parent/Guardian Name:

Parent/Guardian Signature:

Date:

CARROLL WELLNESS CENTER

PAYMENT AUTHORIZATION

Member Name:	Membership #:
Membership Type:	Monthly Dues:
FIRST MONTH - INITIAL SIGN UP DUES	
Prorated: _____ (month)	Amount Due:
Next Month Membership Dues: _____ (month) If joining after the 15th of current month	Amount Due:
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	_____ 1st of every month	_____ 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	_____ 1st of every month	_____ 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):
--	-----------------------	----------------------

OPTION 4: PAYROLL DEDUCTION THROUGH EMPLOYER

	Company Name:
--	----------------------

CARROLL WELLNESS CENTER MEMBERSHIP AGREEMENT * (CONTINUED ON BACK) *

_____ **(initial)** **Cancellation Policy:** 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. Memberships cannot be frozen.

_____ **(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.

I/WE AGREE TO THE TERMS AND CONDITIONS OF THIS AUTHORIZATION AGREEMENT (AGREEMENT CONT. ON BACK) _

Member/Account Holder's Signature: (Parent/Guardian if minor)	Date:
---	--------------

PAYMENT AUTHORIZATION AND AGREEMENT

THE CARROLL WELLNESS CENTER IS A CHARITABLE NOT-FOR-PROFIT * 501(C)(3) * MEMBERSHIP ORGANIZATION. 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:

- 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.

REFUND POLICY:

- THERE WILL BE NO REFUNDS FOR MEMBERSHIPS UNLESS THERE ARE EXTENUATING CIRCUMSTANCES THAT MUST BE APPROVED AT THE FACILITY DIRECTOR'S DISCRETION.

ANNUAL PAYMENTS:

- MEMBER MAY CHOOSE TO PAY MEMBERSHIP DUES FOR A FULL YEAR IN WHICH THEY WILL RECEIVE A 20% DISCOUNT
- A 20% DISCOUNT IS NOT COMBINED WITH OTHER DISCOUNTS
- ALL PAYMENTS PAID A YEAR IN ADVANCE ARE NON-REFUNDABLE

CANCELLATION POLICY:

- 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.
- IF A MEMBER WISHES TO CANCEL THEIR MEMBERSHIP THE REQUEST MUST BE MADE IN WRITING, BY EMAIL OR THROUGH OUR WEBSITE
- MEMBERSHIPS CANNOT BE FROZEN.

MEMBERSHIP CHANGE POLICY:

- A MEMBER CAN CHANGE THEIR MEMBERSHIP BY UPGRADING, DOWNGRADING, CHANGING PAYMENT PLANS, ETC. IF THEY WISH TO DO - CHANGE FORMS ARE LOCATED AT THE FRONT DESK
- IF A MEMBER REQUESTS AN UPGRADE TO BE EFFECTIVE BEFORE THE END OF THE MONTH THEN THE PRORATED DIFFERENCE IN MONTHLY DUES MUST BE PAID AT THE TIME OF APPLICATION FOR CHANGE
- MEMBERSHIPS THAT ARE DOWNGRADING FROM ADULT COUPLE, SENIOR COUPLE, OR FAMILY ARE EFFECTIVE AT THE FIRST OF THE MONTH AND IN ORDER FOR THE CHANGE TO BECOME EFFECTIVE WRITTEN NOTICE MUST BE RECEIVED BEFORE THE END OF THE MONTH
- NO REFUNDS ARE GIVEN IN REGARDS TO DOWNGRADES

KEY TAGS:

- 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 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.

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.

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.