

Member # _____

HAVE YOU EVER BEEN A PREVIOUS MEMBER OF THE LIFESTYLE CENTRE?

(Please circle your response) Yes / No

PLEASE PRINT

FIRST NAME: _____

MIDDLE INITIAL: _____

LAST NAME: _____

ADDRESS: _____

CITY: _____

STATE/ZIP: _____ / _____

GENDER: _____

BIRTHDATE: (MM/DD/YYYY) _____ OCCUPATION: _____ COMPANY: _____

If you use the pool, sauna, or attend any of the classes you can use our app to conveniently reserve your spot/time. If you would be interested, please answer below. Please check your response.

Yes, I would like to be invited to be on the app. No, I am not interested.

The email provided will be used to send the invitation to the phone app, if you are interested.

E-MAIL: _____

MOBILE PHONE: _____

HOME PHONE: _____

WORK PHONE: _____

EMERGENCY CONTACT: _____

EMERGENCY CONTACT NUMBER: _____

PERSONAL PHYSICIAN: _____

DRUG ALLERGIES: _____

CARDIAC HISTORY: _____

OTHER HISTORY: Please list any significant medical problems that you consider important for us to know: (I.e. Surgeries, etc) _____

DIABETIC? (PLEASE CIRCLE) YES NO ***IF YES PLEASE CIRCLE:** IDDM NDDM

MEDICATIONS: (DOSAGE AND HOW MANY TIMES TAKEN DAILY) You may provide a copy of your list of medications is too long to fit below:

FOR OFFICE USE ONLY:		
RECEIVED BY: _____ ON THIS DATE: _____		
INCOMPLETE	OPT OUT	EVAL
Mem. TYPE		
	Done	Date Done/Received
Enrollment fee PD:		
Cov. Emp ID:		
Pyrrl Ded report:		
Car sticker:		
Photo:		
Badge:		
Doctor's Consent		
Everbridge contact:		
Mywellness:		
EVAL SCHLD:		
IN COMPETE		