



MEMBER APPLICATION

MCG Wellness Center

LAST NAME OF PERSON JOINING		FIRST NAME	MIDDLE INITIAL
EMAIL ADDRESS		WORK PHONE	HOME PHONE
MAILING ADDRESS		CITY	STATE ZIP
TITLE (DR., MR., MS., ETC.)		GENDER	DATE OF BIRTH
DEPARTMENT OR SCHOOL		DATE OF EMPLOYMENT	FAMILY/CHILD MEMBERSHIP INFORMATION (If necessary)
HOW DID YOU HEAR ABOUT THE WELLNESS CENTER?		SPOUSE	
IN CASE OF EMERGENCY, CONTACT		RELATION	SPOUSE EMAIL ADDRESS BIRTH DATE M / F
TELEPHONE NUMBER		CHILD NAME	BIRTH DATE M / F
		CHILD NAME	BIRTH DATE M / F

CONDITIONS OF PARTICIPATION

I agree to abide by the rules and regulations established by the MCG Wellness Center, as they exist now, and as they may be modified in the future. I may obtain a copy of all such rules and regulations from the Wellness Center website at <http://www.mcg.edu/wellness/apply.htm>. MCG reserves the right to amend our rules and regulations without notice, but changes will be posted at the same location.

I also assume the risk of any activity that I engage in at the MCG Wellness Center, and at any event sponsored or presented by the Medical College of Georgia. I agree that I am familiar with the risks of the activities in which I will engage. If I have questions concerning the risks of any activity, I may consult with the Wellness Center staff.

I am aware that participation in physical activities involves a higher degree of risk than normal activities. It is my sole responsibility to consult a physician if in doubt. The Medical College of Georgia cannot assume responsibility for the loss of personal property or injury to participants. Participants must present proper ID for facility and program participation.

SIGNATURE	DATE
SPOUSE / SPONSORING MEMBER SIGNATURE (If applicable)	DATE

PLEASE COMPLETE THE REVERSE SIDE OF THIS APPLICATION

OFFICE USE ONLY:	DATE: / /	PROOF: Y / N	T / A#	SMART CARD#
	LOCKER#	LOCKER EXP:	LOCKER WAIT?: Y / N	
	ENTERED IN CSI:	POS AMT:	STAFF:	

MEMBERSHIP REQUIREMENTS

Membership at the MCG Wellness Center is only available to the categories listed. Proof of eligibility may be required.

SPOUSE & FAMILY MEMBERSHIP - Includes full access for member and spouse and a limited membership for all dependent children 6 to 18 years of age. Access for children is limited to Friday 5-10 pm; Saturday 9 am-5 pm; and Sunday 1-9 pm.

ADDITIONAL DEPENDENT MEMBERSHIP - Provides full access for any dependent 18-25 years old who is sponsored by their eligible parent/guardian. Parent/guardian must be a current Wellness Center member. A dependent membership is not eligible for payroll deduction.

SPONSORED MEMBERSHIP - Provides full access for any adult sponsored for membership by an active Wellness Center member.

MEMBERSHIP TYPE

<input type="checkbox"/> MCG Employee	<input type="checkbox"/> MCGHI Employee	<input type="checkbox"/> PPG Employee			<input type="checkbox"/> MCG Housestaff / Resident	<input type="checkbox"/> MCG Postdoctoral Fellow			
	<u>1-Month</u>	<u>Flex-Month</u>	<u>12-Month</u>	<u>Payroll</u>		<u>1-Month</u>	<u>Flex-Month</u>	<u>12-Month</u>	<u>Payroll</u>
Individual	<input type="checkbox"/> \$44	<input type="checkbox"/> \$35	<input type="checkbox"/> \$396	<input type="checkbox"/> \$33* <small>(*12-month agreement required)</small>	Individual	<input type="checkbox"/> \$36	<input type="checkbox"/> \$28	<input type="checkbox"/> \$288	<input type="checkbox"/> \$24* <small>(*12-month agreement required)</small>
Family	n/a	<input type="checkbox"/> \$70	<input type="checkbox"/> \$792	<input type="checkbox"/> \$66*	Family	n/a	<input type="checkbox"/> \$56	<input type="checkbox"/> \$576	<input type="checkbox"/> \$48*

<input type="checkbox"/> MCG Clinical/Adj Faculty	<input type="checkbox"/> MCG Retiree	<input type="checkbox"/> MCG Alumni	<input type="checkbox"/> VA Employee	<input type="checkbox"/> Walton Rehab	<input type="checkbox"/> USG - Student/Employee/Alum
			<u>1-Month</u>	<u>Flex-Month</u>	<u>12-Month</u>
		Individual Membership	<input type="checkbox"/> \$44	<input type="checkbox"/> \$35	<input type="checkbox"/> \$420
		Family Membership	n/a	<input type="checkbox"/> \$70	<input type="checkbox"/> \$840

<input type="checkbox"/> Sponsored Affiliates (must be sponsored by current WC member)				<input type="checkbox"/> Cardiac Rehab Phase III	<input type="checkbox"/> Cardiac Rehab Partner Program	
	<u>1-Month</u>	<u>Flex-Month</u>	<u>12-Month</u>		<u>1-Month</u>	<u>3-Month</u>
Dependent	<input type="checkbox"/> \$44	<input type="checkbox"/> \$35	<input type="checkbox"/> \$420	Individual	<input type="checkbox"/> \$40	<input type="checkbox"/> \$99
Sponsored	<input type="checkbox"/> \$50	<input type="checkbox"/> \$44	<input type="checkbox"/> \$528			

LOCKER RENTAL

Lockers are available for rental on a 4 or 12-month basis. Premium lockers are located inside the locker room and require a 12-month rental. Standard lockers are located adjacent to the locker room and can be rented for 4 or 12 months. Locker fees must be paid in full at time of enrollment. Locker fees cannot be payroll deducted or charged on a monthly basis. You are responsible for providing a lock for your locker.

- 12-Month Premium Locker \$120 12-Month Locker \$60 4-Month Locker \$25

PAYROLL DEDUCTION / MONTHLY CREDIT CARD DRAFT AUTHORIZATION

Please use this section to notify us of a start or change in the way you wish to pay for your membership. Please acknowledge the payment terms and conditions by completing the requested information below and return this form to the Wellness Center. You are welcome to call or visit the Wellness Center during business hours to change your payment method. Please allow up to 15 days for your change to take effect.

- PAYROLL DEDUCTION (Available to MCG, MCG Health, Inc. & PPG employees with an appointment of at least half time.) CREDIT CARD (please complete the Wellness Center Payment Form)
- MCG EMPLOYEE (MONTHLY)
 - MCG BI-WEEKLY PAYROLL
 - MCGHI MONTHLY PAYROLL
 - MCGHI BI-WEEKLY EMPLOYEE
 - PPG EMPLOYEE

By initialing here, I authorize the MCG Wellness Center to obtain payment once per pay period via payroll deduction or once per month via credit card for the fees for which I am currently responsible by the method that I have indicated above. I understand that if any payment is refused and remains unresolved for 30 days, my service may be terminated. *If I hold a flexible term membership, I understand that I may cancel my membership upon 30 days' written notice to the Wellness Center. If I hold a payroll membership, I understand this is a 12-month agreement, and I may cancel my membership upon 30 days' written notice to the Wellness Center so long as all obligations of the 12-month agreement have been met.* I understand that the Wellness Center will provide 60 days notice of any change to the Terms and Conditions of Membership, including a change in fees.