

Wellness Center Information Sheet

PLEASE PRINT:

Name _____ Agency _____

Telephone (Office) _____ Email address _____

Badge Number _____

In Case of Emergency, Please Notify: _____

Telephone Number for Emergency Contact: _____

Release and Agreement:

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I have read and understand the Policies and Procedures of the Wellness Center. By my signature below, I agree to follow the policies and procedures. Failure to comply with the policy and procedures of the Wellness Center may result in loss of membership. I understand there will be no refund of monthly fee if membership is revoked.

Name

Date

