

Bluestem Wellness Centers
Membership Application Agreement



Primary Location _____ Type _____
_____ Hesston _____ New
_____ North Newton _____ Renewal

Today's Date _____

Name _____ Sex: M F Date of Birth ____ / ____ / ____

Address _____

City _____ State ____ Zip _____

Home Phone _____ Work/Cell Phone _____

Email _____

Bluestem Membership Type

_____ Single adult	_____ Adult couple	_____ Student 14-18 years + college
_____ Senior (62) couple	_____ Staff SV	_____ Corporate _____
_____ Senior (62) single	_____ Staff KB	_____ Family add-on (FAO)
_____ SV resident	_____ Hickory Homes	1. _____ Age _____
_____ KB resident		2. _____ Age _____
		3. _____ Age _____

Membership Length

_____ Payroll _____ SV / KB resident _____ Bank draft _____ Quarterly _____ Annual _____ Other

If membership is a bank draft, your payment will be \$ _____ per month, drafted on approximately the 8th of each month.

Membership begins _____ Expires _____

* Payroll, Schowalter Villa / Kidron Bethel resident and bank draft memberships do not have an expiration date.

One-time, \$25 enrollment fee for new members or applicable corporate members.

30-day written notice required to cancel any membership. No refunds.

Amount paid \$ _____ Cash _____ Check _____ Visa _____ MC _____ Bill _____

* Member may use "Bill" option only if signing up through applicable corporate memberships. See white notebook.

Member Signature _____ Date _____

Staff Signature _____ Date _____

Original: Wellness Center file Copy: Member

Bluestem Wellness Centers
Health History Questionnaire



Today's Date _____

Name _____

Sex: M F Date of Birth ____ / ____ / ____

Address _____ City _____ State ____ Zip _____

Phone _____ Height _____ Weight _____ Age _____

Email _____

Emergency contacts

Name _____ Relationship _____

Email _____ Phone _____

Name _____ Relationship _____

Email _____ Phone _____

Physician _____ Phone _____

Medical history

- _____ Heart disease / cardiac surgery _____ **Diabetes**
- _____ Heart attack (MI) _____ **Hypertension**
- _____ Epilepsy _____ **Emphysema**
- _____ Fatigue _____ **Lung disease**
- _____ **Angina / chest pain** _____ **High blood pressure / taking medications**
- _____ **High cholesterol levels** Total cholesterol _____ HDL _____
- _____ **Asthma** Exercise-induced? _____ Yes _____ No

Other _____

_____ Cancer Type of cancer _____

Do you exercise regularly? _____ Yes _____ No

Do you smoke? _____ Yes _____ No

Do you have a family medical history of heart disease? _____ Yes _____ No

Please list each family member's relationship to you, and the ages at which they experienced heart attack:

Please complete the reverse side of this questionnaire.

Bluestem Wellness Centers Health History Questionnaire



Do you have any medical limitations that would restrict your participation in activity?

___ Yes ___ No

If yes, please specify _____

Do you have a pacemaker? ___ Yes ___ No

In your blood relatives, is there a history of any of these conditions?

___ Diabetes ___ High blood pressure

___ Stroke ___ High cholesterol

List surgeries you have had and the date each took place _____

List all your medications, dosages and reasons for taking the medications _____

List any allergies you have _____

I understand and acknowledge there are inherent risks associated with exercise and use of exercise equipment and facilities, such as those available at the Hesston Wellness Center and North Newton Wellness Center, and I agree that all exercise and activities that I engage in at the Hesston Wellness Center and North Newton Wellness Center will be done at my own risk. I waive my right to any claims against the Hesston Wellness Center, North Newton Wellness Center, or affiliated agents, which may arise out of any activity, event, use of the Hesston Wellness Center or North Newton Wellness Center equipment or facilities, or my presence on the premises, including personal injury, theft and all property damage, even if caused by negligence of any of these persons. However, I am not waiving any claims to the extent it may be based upon gross negligence or willful misconduct.

Signature _____ Date _____