

Eff. Date: _____ Fitness Center: \$ _____ Ck. # _____
Exp. Date: _____ Type Membership: _____ Card # _____

MUMC HEALTH ASSESSMENT
(Complete both pages and return to the drop box on the second floor of the CLC)

(Please Print. If this is for a family, please list head of household first. No one under 14 is allowed in the fitness center.)

Name _____ Phone _____

E-Mail _____

Address _____ City _____ Zip _____

Gender (M/F) _____ Birthdate _____ Age _____ Weight _____ Height _____

Emergency Contact _____ Phone _____

Doctor _____ Phone _____

CIRCLE ONE: Member MUMC Non-Member MUMC

Do you know of any medical problems that might make it dangerous or unwise to participate in vigorous exercise? _____ If yes, explain _____

Are you currently taking medication? _____ If yes, explain _____

Are you pregnant? _____ Are you less than 6 weeks post partum? _____

Have you ever been diagnosed with heart disease, high blood pressure, or high cholesterol? _____ Do you smoke? _____

Do you know your blood pressure? _____ If yes, list _____

Do you know your cholesterol level? _____ If yes, list _____

Has an immediate family member been diagnosed with heart disease, high blood pressure, or high cholesterol? _____?

If you answered yes to any of these questions, we suggest that you see a doctor before participating in any activity. If you do decide to participate, then understand that you will be doing so at your own risk.

The information submitted on this health assessment form is true and complete to the best of my knowledge and I understand that any wrong or incomplete information could result in my injury, illness, or death.

SIGNATURE: _____ DATE: _____



McEachern Memorial
A United Methodist Church
www.mceachernumc.org

Recreation and Wellness Participation Agreement

In consideration for being allowed by McEachern UMC to participate and/or attend any church sponsored wellness or recreation event or activity including but not limited to: aerobics, weight training, games, basketball, volleyball, softball, health screenings and educational classes.

By signing below, the participant (or parent/guardian if participant is a minor) acknowledges and accepts the risks of physical injury associated with participation in the activity described above. Except for gross negligence on the part of the sponsor, the participant (or parent/guardian) accepts personal financial responsibility for any bodily or personal injury sustained during the activity. Further, the participant (or parent/guardian) promise to hold harmless the sponsoring organization and its representatives for any injury related to the activity.

If a dispute over this agreement or claim for damages arises, the participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable arbitration process.

If purchasing a family membership, please provide ALL names and signatures for those needing a card.

Name 1 (print): _____ Phone# _____

Signature: _____ Date: _____
(IF YOUNGER THAN 18 YEARS OLD PARENT OR GUARDIAN MUST SIGN)

Name 2 (print): _____ Phone# _____

Signature: _____ Date: _____
(IF YOUNGER THAN 18 YEARS OLD PARENT OR GUARDIAN MUST SIGN)

Name 3 (print): _____ Phone# _____

Signature: _____ Date: _____
(IF YOUNGER THAN 18 YEARS OLD PARENT OR GUARDIAN MUST SIGN)

Name 4 (print): _____ Phone# _____

Signature: _____ Date: _____
(IF YOUNGER THAN 18 YEARS OLD PARENT OR GUARDIAN MUST SIGN)

