



MEMBERSHIP APPLICATION

MEMBERSHIP TYPE: Individual Family Silver Sneakers Silver and Fit

PRIMARY MEMBER'S INFORMATION

First & Last Name:				Prefix:	D.O.B	/	/	Gender:
Mailing Address:								
City:			State:			Zip:		
Home Phone:				Cell Phone:				
Email Address:								

EMERGENCY CONTACT INFORMATION

Emergency Contact #1 First & Last Name:	
Relationship:	Phone Number:
Emergency Contact #2 First & Last Name:	
Relationship:	Phone Number:

DEPENDENT/CHILDREN'S NAMES	M/F	BIRTH DATE	RELATIONSHIP	DISABILITY/DIAGNOSIS

HEALTH HISTORY

- | | |
|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> History of Brain Injury |
| <input type="checkbox"/> Tubes in Ears | <input type="checkbox"/> History of Spinal Cord Injury |
| <input type="checkbox"/> Frequent Falls | <input type="checkbox"/> Heart Problems |
| <input type="checkbox"/> History of Seizures | <input type="checkbox"/> Hepatitis |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Incontinence (bowel or bladder) |
| <input type="checkbox"/> Vision or Hearing Limitations | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Skin Tears / Breakdowns | <input type="checkbox"/> Other _____ |

If yes to seizures, please indicate type, frequency, duration, and typical first aid procedures:

List and explain any hospitalizations and surgeries in the past year that would impact participation:

Were you referred by your doctor or therapist? Yes No

MOBILITY

Please indicate if you use any of the following devices for mobility:

- Manual Wheelchair
- Power Wheelchair
- Cane
- Crutches
- Walker
- Other: _____
- Not Applicable

Are you independent with using these devices?

- Yes NO

For safety reasons, please bring all personal mobility equipment when attending programs at the Wellness Center. Wheelchairs should have working seat belt, brakes, anti-tippers, and adequate tread on the tires.

PARTICIPATION

Check all leisure activities that applicant currently enjoys:

- | | | |
|---|--|--------------------------------|
| <input type="checkbox"/> Individual Instruction | <input type="checkbox"/> Individual Exercise | <input type="checkbox"/> Zumba |
| <input type="checkbox"/> Group Exercise | <input type="checkbox"/> Golf | <input type="checkbox"/> Yoga |
| <input type="checkbox"/> Lap Swimming | <input type="checkbox"/> Water Aerobics | |

Please list any other activities the applicant enjoys: _____

Please list any and all activity restrictions: _____

*Please note, if you require assistance with any of the following you must bring your own aid:

- Transfer from wheelchair to toilet / bench / pool chair
- Changing clothes (before or after programming)
- Getting in / out of pool

HOW DID YOU HEAR ABOUT US?

Woodlands Participant Referral
 Woodlands Staff Referral
 Friend Referral
 Woodlands Website
 Physician Referral
 Facebook
 Twitter
 Email
 Post Mail
 Flyer / Brochure
 Fair
 Radio
 School
 Supports Group
 Family Links
 Case / Social Worker
 Other _____

WELLNESS PROGRAM GOALS

What are your personal wellness goals? _____

To the best of my knowledge all completed information given on this application is current and correct.

Signature of Parent / Guardian / Applicant (if over 18)

Date

EQUAL OPPORTUNITY AGENCY

The Woodlands Foundation, Inc. is an equal opportunity agency. Services are provided to individuals with disabilities regardless of race, creed, color, gender, national origin or marital status. Since applicant safety and health are a top priority, WFI reserves the right to deny program participation to anyone whose health care or physical needs are beyond the scope of staff competency and/or specific program objectives/requirements.

FOR ADMINISTRATIVE USE ONLY

- Wellness Center Handbook Distributed*
- Tour of Facility*
- Waivers Signed:*
 - WFI*
 - Silver Sneakers*
 - Copy of Photo I.D.*
- Information entered into member database*

FOR MANAGEMENT USE ONLY

- Reviewed by Wellness Center Staff: Name* _____ *Signature* _____ *Date* _____
- Follow up needed* *Yes* *No*
- Confirmation Email: Date Sent* _____ *Staff Name* _____
- Payment information entered into Heartland*

WOODLANDS FOUNDATION

RELEASE & WAIVER

Parent or guardian should complete all sections if participant is a minor.

Release and Waiver

In consideration for allowing _____, (Participant Name) participation in programming activities at the Woodlands, I hereby consent to my/my child's participation in programming at the Woodlands as defined herein. I recognize that most recreational activities are held in a camping environment and inherent in these activities, occurring in outdoor and indoor environments alike, there are risks of injury. I hereby assume all risk associated with my/my child's participation in such recreational activities and use of the Woodlands facilities. I hereby waive, release, remise and discharge the Woodlands Foundation, Inc., its agents, officers, principals, employees and volunteers, of any and all liability, claims, demands, actions or rights of action, for damages of any kind related to, arising from, or in any way connected with, my/my child's participation in recreational activities and use of the facilities. This agreement shall be binding upon me/my child's, successors, representatives, heirs, executors, assigns, and transferees. If any portion of this agreement is held invalid, I agree that the remainder of the agreement shall remain in full legal force and effect.

This Release and Waiver is valid for my/my child's participation in Woodlands activities. I understand that this Release and Waiver will apply to all programs, sessions and activities in which I /my child voluntarily agrees to participate in at The Woodlands unless specifically indicated otherwise below.

ONLY COMPLETE THIS BOX IF YOU WISH TO ONLY CONSENT TO AN ISOLATED EVENT

I consent specifically in programming related to participation in _____
(name of program), to be held _____ (month), _____ (date), 20____ (year)
through _____ (month), _____ (date), 20__ (year).

I, as the participant/parent/legal guardian, have read the above Release and Waiver and understand and agree to its terms.

Signature: Participant/Parent/Legal Guardian

Date

WOODLANDS FOUNDATION

Permission to use Photo and Likeness

While participating in the Woodlands' programs I hereby give my/my child's consent for allowing photographs, videotapes, voice recording, or likenesses to be recorded, saved, and used by the Woodlands at a later time for educational, instructional or promotional purposes. I waive the right to inspect publications or media of any kind which include me/my child's photographs, videotape, voice recording, or likeness prior to their release for educational or promotional purposes. This includes but is not limited to use in email, direct mailing and social media such as Facebook[®], YouTube[®] and Twitter[®]. I understand that if I decline this consent I/my child will be excluded from participating in some programs at the Woodlands that by their nature involve recording, photographing, or videotaping the activity and sharing it at a later date for educational, instructional, or promotional purposes and selectively excluding any one participant is impossible.

ONLY COMPLETE THIS BOX IF YOU WISH TO ONLY CONSENT TO AN ISOLATED EVENT

I consent specifically in programming related to participation in _____
(name of program), to be held _____ (month), _____ (date), 20____ (year)

I, as the participant/parent/legal guardian, have read the above Release and Waiver and understand and agree to its terms.

Signature: Participant/Parent/Legal Guardian

Date

WOODLANDS FOUNDATION

CONSENT FOR EMERGENCY MEDICAL TREATMENT

Consent for Emergency Medical Treatment

I hereby give consent for me/my child to attend daily or residential camping programs of the Woodlands Foundation, Inc. I understand that I am responsible for providing any and all medical information to the staff of the Woodlands that will permit them to respond appropriately to any emergency situation. I permit staff of the Woodlands Foundation, Inc. to consent to my/my child's emergency treatment at the appropriate medical or emergency facility if necessary and/or provide emergency medical treatment, administer medications, and treat minor illness/injury for me/my child while attending daily or residential camping programs. In the event of a medical emergency, I permit staff of the Woodlands to contact the local Emergency Medical System (EMS) at their sole discretion and judgment, at which point the local EMS will provide treatment and provide transportation to the nearest hospital, UPMC Passavant in Cranberry Twp., Pa. or other hospital or emergency treatment facility which they deem to be appropriate. I understand that any cost associated with treatment by any receiving hospital or emergency facility and/or transportation by EMS personnel is my responsibility. Furthermore, in the event of a medical emergency, the staff of the Woodlands will contact one or more individuals listed as parent(s), guardian(s), or emergency contacts on this form, and I understand that the contacted individual will be required to go to the hospital or emergency treatment facility and assume responsibility for me/my child. I understand that I/my child will need medical clearance from a licensed medical professional before being permitted to return to the Woodlands or any of its facilities or programming activities.

I understand that the staff of the Woodlands will not provide transportation in the event of a medical emergency or physical support or treatment beyond the extent of their program training by the Woodlands Foundation, Inc.

Considering all of the above, I waive and release all rights and claims of any nature against the Woodlands Foundation, Inc., its agents, officers, principals, employees and volunteers, of any and all liability, claims, demands, actions or rights of action, or damages of any kind related to, arising from, or in any way connected with, my/my child's participation in recreational activities and use of the Woodlands facilities or my/my child's care in the case of all injuries or damages of any nature, which may result while participating in the programs of the Woodlands Foundation, Inc. I further recognize that the Woodlands Foundation Inc. cannot be held responsible for the loss of clothing or personal property while I am/my child is at the Woodlands. I accept and acknowledge the risk of participation in activities of the Woodlands.

Name of Participant.

Print: Parent/Guardian Name (if Participant is a Minor)

Signature of Participant/Parent/Guardian

Date

In case of Emergency, contact:

Name

Relationship

Phone Number

Name

Relationship

Phone Number