



# Barley Wellness Center Membership Application

## MEMBER INFORMATION:

*Updated Information*

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Birth Date: \_\_\_\_\_

## GROUP TYPE:

_____ Retirement Living Resident	_____ MVS Employee	_____ Dollar Bank Employee
_____ Personal Care Resident	_____ MVS Employee Spouse	_____ SVH Pharmacy Employee
_____ Nursing Resident	_____ MVS Employee Dependent	_____ Non-MVS Employee Spouse
	_____ Non-MVS Rehab Employee	_____ Community Member
	_____ Childcare Employee	_____ Swim Lesson

MVS Employee Department: \_\_\_\_\_ MVS Employee Extension: \_\_\_\_\_

## PHYSICIAN'S INFORMATION:

*Updated Information*

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

## EMERGENCY CONTACT:

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

## FITNESS & WELLNESS INTERESTS: (Please check all that apply)

_____ Cardio Machines	_____ Outdoor Exercise
_____ Weight Machines	_____ Jogging/Walking
_____ Personal Training	_____ Water Exercise
_____ Group Exercise (list type on back)	_____ Lap Swimming
_____ Stretching	_____ Swimming Lessons
_____ Dietary Guidance	_____ Other (list on back)

Do you have any special needs that the Wellness Center Staff, along with yourself, need to consider when planning your more active lifestyle? \_\_\_\_\_ YES \_\_\_\_\_ NO

If so, what are they? \_\_\_\_\_

### FOR OFFICE USE ONLY

Application Complete (Y/N): \_\_\_\_\_  
 MD Clearance Required (Y/N): \_\_\_\_\_ If so, received? (Y/N): \_\_\_\_\_

# Barley Wellness Center

## Masonic Village at Sewickley

### Personal Health History

Please answer the following questions to the best of your knowledge so that the Wellness Center staff may best serve you.

Does your physician know you are participating in this exercise program? \_\_\_\_\_ YES \_\_\_\_\_ NO

Describe any physical activity that you do somewhat regularly: \_\_\_\_\_

**Check if you have/had any of the following Medical Problems:**

<input type="checkbox"/> History of Heart Problems	<input type="checkbox"/> Stroke/TIA	<input type="checkbox"/> Cancer
<input type="checkbox"/> History of Chest Pain (Angina)	<input type="checkbox"/> Alzheimer's	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Heart Attack	<input type="checkbox"/> Dementia	<input type="checkbox"/> Arthritis
<input type="checkbox"/> Heart Murmur	<input type="checkbox"/> Parkinson's Disease	<input type="checkbox"/> Osteoporosis
<input type="checkbox"/> Mitral Valve Prolapse	<input type="checkbox"/> Asthma	<input type="checkbox"/> Obesity
<input type="checkbox"/> Valve Disease	<input type="checkbox"/> COPD	<input type="checkbox"/> Thyroid Condition
<input type="checkbox"/> Pacemaker	<input type="checkbox"/> Emphysema	<input type="checkbox"/> Dizziness with Exercise
<input type="checkbox"/> Increased Blood Pressure	<input type="checkbox"/> DJD	<input type="checkbox"/> Hernia
<input type="checkbox"/> Irregular Heart Beat	<input type="checkbox"/> Fibromyalgia	<input type="checkbox"/> Pregnancy
<input type="checkbox"/> High Cholesterol	<input type="checkbox"/> Sciatica	<input type="checkbox"/> Smoking Habit
<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Varicose Veins	<input type="checkbox"/> Incontinence
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Joint Replacement	<input type="checkbox"/> Kidney Disease
<input type="checkbox"/> Have you had any recent surgeries? _____		
<input type="checkbox"/> Any known Allergies? _____		
<input type="checkbox"/> Are you pregnant? _____ If so, How many weeks? _____		
<input type="checkbox"/> Muscular or Skeletal Disorders (Strains, Sprains, Back Injury, Swelling)? _____		

Are you taking any medications or drugs? \_\_\_\_\_ YES \_\_\_\_\_ NO

If so, please list the medication, dose and reason. \_\_\_\_\_

**Please read the following questions carefully and answer them to the best of your ability. Information is kept confidential. (Answer with Yes or No)**

Do you feel pain in your chest when you engage in physical activity?

Do you feel pain in your chest when you are not doing physical activity?

Have you been told that you have high blood pressure?

Have you been told that you have high cholesterol?

  

Does your heart race for no apparent reason, or do you have skipped heart beats, or do you have extra heart beats?

Have you been told that you have/had heart problems, an abnormal EKG, or a heart attack?

Do you frequently have leg cramps with exercise?

Do you often have difficulty breathing?

Has anyone in your immediate family (parents/brothers/sisters) had a heart attack, stroke, or cardiovascular disease before the age of 55?

Do you smoke?

Are you currently exercising LESS than 1 hour per week? If your answer is NO, please list your activities: \_\_\_\_\_

\_\_\_\_\_ Are you currently being treated for a bone/joint problem that restricts you from engaging in physical activity?

**If you answered "Yes" to any of the previous questions, please explain briefly:**

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**Please answer the following questions.**

**What are your specific Fitness Goals? (Indicate all that apply)**

- |                                       |                             |
|---------------------------------------|-----------------------------|
| _____ Increase Strength and Endurance | _____ Improve Flexibility   |
| _____ Increase Muscle Tone            | _____ Exercise Regularly    |
| _____ Improve Cardiovascular Fitness  | _____ Injury Rehabilitation |
| _____ Other: _____                    |                             |

**What are your specific Health Goals? (Indicate all that apply)**

- |                              |                                    |
|------------------------------|------------------------------------|
| _____ Reduce Stress          | _____ Control Cholesterol          |
| _____ Control Blood Pressure | _____ Reduce Back Pain             |
| _____ Feel Better Overall    | _____ Increase my Health Awareness |
| _____ Other: _____           |                                    |

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active everyday. Being more active is very safe for most people.

- You may be able to do any activity you want - as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those that are safe for you. Your doctor will let us know if there are any exercises that you should avoid.
- Start becoming much more physically active - begin slowly and build up gradually. This is the safest and easiest way to go.

***\*Please Note: If you are not feeling well because of a temporary illness such as a cold or fever, you must wait until you feel better. If your health changes, you have been hospitalized or you have had a surgical procedure done, please tell the Wellness Center Staff immediately. We will need an updated Physician's clearance before you can return to your exercise regimen.***

**All Applicants - Please Sign Below**

I have read, understood, and answered all of the above questions to the best of my ability and knowledge. Any questions I had were answered to my full satisfaction.

\_\_\_\_\_  
*Name (Please Print)*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Guardian (if < 18 years of age)/Power of Attorney/Witness*

**Barley Wellness Center  
Masonic Village at Sewickley  
Agreement and Release of Liability**

1. In consideration of gaining membership or being allowed to participate in the activities and programs of the Barley Wellness Center and to use its facilities, equipment and machinery in addition to payment of any fee or charge, I do hereby waive, release forever discharge Barley Wellness Center and its officers, agents, employees, representatives, executors and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities at said facility. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury act or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my participation in any activities of the Barley Wellness Center or the use of any equipment at the Barley Wellness Center.  
*(Please Initial \_\_\_\_\_)*
  
2. I understand and am aware that strength, flexibility and aerobic exercise, including the use of equipment, are potentially hazardous activities. I also understand that fitness activities involve a risk of injury and even death and that I am voluntarily participating in these activities and using equipment with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.  
*(Please Initial \_\_\_\_\_)*
  
3. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation in any of the activities and programs of the Barley Wellness Center or use of equipment or machinery except as hereinafter stated. I acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise and use of exercise and training equipment so that I might have recommendations concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and have been given my physician's permission to participate, or that I have decided to participate in an activity and/or use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation in activities, and utilization of equipment and machinery in my activities.  
*(Please Initial \_\_\_\_\_)*

I hereby release Masonic Villages, its employees, officers, directors, agents, and successors from any and all manner of actions, causes of action, individual and class action claims or demands of every kind whatsoever, in law or equity including, but not limited to, all claims or potential claims arising out of my voluntary participation in, or any injury sustained from, or as a result of, my use of the facilities, services, and/or programs at the Barley Wellness Center. I affirm that I have read this Consent and Release Agreement, and understand its contents. I have had the opportunity to ask questions regarding the Agreement, facilities, services and programs and affirm that any such questions have been answered satisfactorily.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Guardian (if < 18 years of age)/Power of Attorney/Witness*

\_\_\_\_\_  
*Barley Wellness Center Staff Member*

**Barley Wellness Center  
Masonic Village at Sewickley  
Informed Consent**

Thank you for choosing to use the facilities, services, and/or programs of the Barley Wellness Center. We request your understanding and cooperation in maintaining both your safety and health by reading and signing the following informed consent agreement.

I, \_\_\_\_\_, declare that I intend to use some or all of the activities, facilities, programs, and services offered by the Barley Wellness Center and I understand that each person, me included, has a different capacity for participating in such activities, facilities, programs and services. I am aware that all activities, services, and programs offered are educational, recreational or self-directed in nature. I assume full responsibility during and after my participation, for my choices to use or apply, at my own risk, any portion of the information or instruction I receive.

I understand that part of the risk involved in undertaking any activity or program is relative to my own state of fitness or health (physical, mental, or emotional), and to the awareness, care, and skill with which I conduct myself in that activity or program. I acknowledge that my choice to participate in any activity, service, and program of the Barley Wellness Center brings with it my assumption of those risks or results stemming from this choice and the fitness, health, awareness, care, and skill I possess and use.

I recognize that by participating in the activities, facilities, programs and services of the Barley Wellness Center, I may experience potential health risks such as transient light-headedness, fainting, abnormal blood pressure, chest discomfort, leg cramps and nausea and that I assume willfully those risks. I acknowledge my obligation to immediately inform the nearest supervising employee of any pain, discomfort, fatigue or any other symptoms that I may suffer immediately after my participation. I understand that I may stop or delay my participation in any activity or procedure if I so desire and that I may also be requested to stop and rest by a supervising employee who observes any symptoms of distress or abnormal response.

I understand that I may ask any questions or request further explanation or information about the activities, facilities, programs, and services offered by the Barley Wellness Center at any time before, during or after my participation.

<i><b>TO BE CHECKED BY WELLNESS CENTER STAFF MEMBER</b></i>	<i><b>Initials of Staff</b></i>
I. Risks were orally discussed	_____
II. Questions were asked, and participant indicated complete understanding of the risks	_____
III. Questions were not asked, but an opportunity to ask questions was provided and the participant indicated complete understanding of the risks.	_____

\_\_\_\_\_  
***Barley Wellness Center Staff Member***

\_\_\_\_\_  
***Date***

I declare that I have read, understood and agree to the contents of this informed consent agreement in its entirety.

\_\_\_\_\_  
***Signature***

\_\_\_\_\_  
***Date***

\_\_\_\_\_  
***Signature of Guardian (if < 18 years of age)/Power of Attorney/Witness***

**Barley Wellness Center**  
**Masonic Village at Sewickley**  
**Employee Payroll Deduction Authorization Form**

I hereby authorize the Masonic Homes Payroll Department to deduct the amount of my non-refundable monthly Barley Wellness Center membership fee from my bi-weekly net pay. This deduction will continue until my last full month's fee has been completely paid in full. I agree that I will pay the Barley Wellness Center in cash when my net pay is not sufficient to cover the membership deduction. This contract will automatically renew and it is the member's responsibility to sign a cancellation form at the center in order to stop automatic renewal (after the contract end date). The center reserves the right to terminate membership at anytime. The \$10 per month plan can only be voided by the member with a Medical Excuse!

**Please Select Type of Membership:**

- \$25 per Month (Bi-weekly Payroll Deduction (No Contract Required))
- \$10 per Month (Bi-weekly Payroll Deduction (1 Year Signed Contract Required))

*Employee Name (Please Print):* \_\_\_\_\_

*Employee Signature:* \_\_\_\_\_

*Date Signed:* \_\_\_\_\_

*Barley Wellness Center Employee's Signature:* \_\_\_\_\_

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*Payroll Deduction Start Date:* \_\_\_\_\_

*Contract Start Date (If Applicable):* \_\_\_\_\_ *Contract End Date:* \_\_\_\_\_

**Barley Wellness Center**  
**Masonic Village at Sewickley**  
**One Year Contract**

This agreement entered into this \_\_\_\_\_ date, between \_\_\_\_\_, hereafter referred to as "Member", and The Barley Wellness Center, hereafter referred to as "The Center", does hereby constitute a valid one-year MVS Employee membership agreement. This agreement also constitutes a promise by the member to uphold all policies of the center. The center reserves the right to terminate membership at anytime.

Member is hereby registering for a one-year MVS Employee membership. This membership contract will commence on \_\_\_\_\_ date, and will be valid through the contract end date of \_\_\_\_\_. The payroll deduction of \$10 per month (bi-weekly deduction) will start as soon as the payroll department processes your request. This contract will automatically renew and it is the member's responsibility to sign a cancellation form at The Center in order to stop automatic renewal (after the contract end date). This contract can only be voided before the contract end date by the member with a Medical Excuse from exercise!

*I have read, understand and hereby fully agree to all terms of this contract.*

\_\_\_\_\_  
*Member Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Barley Wellness Center Employee's Signature*