



## HEALTH AND WELLNESS ENROLLMENT FORM

Parker Health and Wellness Center  
443 River Road, Highland Park, NJ 08904  
732-565-2421 • www.parkerlife.org

### Membership

- Premium-\$50 includes Personal training in Fitness Center, Pool & Virtual Fitness Exercise Classes  
One time \$75 registry fee for new members includes free Parker events  
And a Free Therapy evaluation.
- Deluxe-\$30 includes Virtual programming.

|                |  |   |  |
|----------------|--|---|--|
| Name:          |  | Date:   |  |
| Address:       |  | Are you currently on Parker's Registry?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| City:          | State  | Zip:  |  |
| Cell Phone:    |  |   |  |
| Email:         |  |   |  |
| Date of Birth: | Gender:<br><input type="checkbox"/> Male <input type="checkbox"/> Female |   |  |

### Membership Information

The Center for Health and Wellness is part of the Parker Health Group. Memberships are valid from date of issue, are non-refundable and non-transferable. Memberships may be frozen or cancelled with a 30-day written notification or due to medical reasons. Memberships will not be reimbursed for lack of attendance. Members must provide a medical clearance form by their physician to re-enroll. Parker reserves the right to terminate your membership if we determine that your safety or the safety of others is at risk if you are functionally impaired or exhibit inappropriate behavior during programming.

### Photo Release

While participating in any Parker programs, Parker has permission to photograph myself and/or my children and family members for publicity purposes.

# Membership

No guests permitted. The membership is exclusive and is to be used by the enrollee only and not to extend to family, friends, neighbors, or other persons. Any misuse of membership will result in loss of privileges. Sharing the website or link will result in automatic suspension of membership. Parker is not liable for lack of Wi-Fi service to all scheduled links or your inability to attend programming.

## Informed Consent and Release for Virtual Participation

I agree that Parker Health Group shall not be responsible for any personal injuries or losses sustained by me while participating in the virtual online programming, or because of any Parker sponsored activities. I further agree to indemnify and hold harmless Parker from any claims for injury, illness, death, loss, or damage that may be suffered because of participation in these activities. The undersigned assumes all risk for participation in Parker activities. The undersigned acknowledges that a physician will be consulted prior to enrolling in any physical activity program.

- I have read and understand the above policies.
- I have a submitted a medical clearance form from my physician to participate at the Center for Healthy Aging.

Please state Physical Challenge(s): \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

COV-19 Vaccine Received: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For office use only:

|                  |            |
|------------------|------------|
| Enrollment Date: |            |
| Type of Payment  | Exp. Date: |