



HEALTH AND WELLNESS VIRTUAL ENROLLMENT FORM

The Andrew J. Markey Center for Health and Wellness
443 River Road, Highland Park, NJ 08904
732-565-2503

- Membership Choices**
- Premium-\$30: Unlimited monthly classes
 - Deluxe-\$20: 4 classes weekly (Total 18 max)
 - Personal Training-\$20: 30-minute virtual session (Buy 5 get one free)

Name:		Date:	
Address:		Are you currently on Parker's Registry? <input type="checkbox"/> Yes <input type="checkbox"/> No	
City:	State	Zip:	
Cell Phone:			
Email:			
Date of Birth:	Gender:		<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 and 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 as a result 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: _____

Staff Signature: _____ Date: _____

For office use only:

Enrollment Date:	
Type of Payment	Exp. Date: