

# Reh-Fit Centre Application Form



PLEASE PRINT

Date \_\_\_\_\_

## PERSONAL INFORMATION

Mr. / Mrs. / Ms. / Dr. (Please Circle)

Legal Last Name \_\_\_\_\_

Legal First Name \_\_\_\_\_

Birth Date (M-D-Y) \_\_\_\_\_

Sex  M  F

Address \_\_\_\_\_

City \_\_\_\_\_

Province \_\_\_\_\_

Postal Code \_\_\_\_\_

E-mail \_\_\_\_\_

Phone (Home) \_\_\_\_\_

Phone (Business) \_\_\_\_\_

Phone (Mobile) \_\_\_\_\_

## MEDICAL INFORMATION

Manitoba Health No. (6 digits) \_\_\_\_\_

PHIN No. (9 digits) \_\_\_\_\_

Family Physician \_\_\_\_\_

Physician Phone \_\_\_\_\_

Cardiologist \_\_\_\_\_

Cardiologist Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone (Home) \_\_\_\_\_

Phone (Business) \_\_\_\_\_

Phone (Mobile) \_\_\_\_\_

Have you been a member of the Reh-Fit Centre before?

Yes  No

## How did you hear about the Centre?

Passed By

Friend or Family Member

Other: \_\_\_\_\_

Internet Search

Attended an Event at Reh-Fit Centre

Saw an Ad/Flyer

Physician/health care provider recommended

Will you require a support person while exercising?

Yes

No

## MEMBERSHIP TYPE

GST # 10765 9765 RT 0001

Individual

Membership Fee \$ \_\_\_\_\_

Senior Select

Enrollment Fee \$ \_\_\_\_\_

Student

Towel Service \$ \_\_\_\_\_

Household Add-On

HydroMassage \$ \_\_\_\_\_

One month Trial User

Administration Fee \$ \_\_\_\_\_

Summer Facility User

Payment Options

Sub Total \$ \_\_\_\_\_

Annual

GST \$ \_\_\_\_\_

Monthly

**TOTAL** \$ \_\_\_\_\_

INITIAL PAYMENT \$ \_\_\_\_\_

## PAYMENT TYPE

Cash  Cheque

VISA  Master Card

Debit  Gift Card

## MONTHLY PAYMENT METHOD

I authorize the Reh-Fit Centre to charge \_\_\_\_\_ to my  VISA  Master Card  withdraw from my bank account

(void cheque attached) starting on 1st of \_\_\_\_\_ Credit Card No. \_\_\_\_\_

Expiry Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day Month Year

Signature \_\_\_\_\_

Date \_\_\_\_\_

(See reverse side)

**MEMBER/USER WAIVER OF LIABILITY**

I wish to be a member/user of the Manitoba Cardiac Institute (Reh-Fit) Inc. (hereinafter referred to as the "Reh-Fit Centre") and to utilize the property, facilities, and services of the Reh-Fit Centre, and I knowingly and willingly assume the risks associated with doing so. I understand that a membership is for a twelve-month period from the enrolment date and that dues are not refundable or transferable.

As a condition of my membership/user pass in the Reh-Fit Centre and of utilizing the property, facilities, and services of the Reh-Fit Centre, and of my participation in the programs and activities of the Reh-Fit Centre, I hereby agree to complete the Health and Lifestyle Questionnaire and to follow the exercise intensity recommendations based on the risk stratification level to which I am assigned, and to undertake and complete whatever assessment is recommended or required by the Reh-Fit Centre based on the Health and Lifestyle Questionnaire. I further agree that, regardless of whether or not I follow the exercise intensity recommendations, or undertake and complete the assessment program required or recommended by the Reh-Fit Centre, the Reh-Fit Centre shall not be liable for any injuries, accidents, or death occurring to me, arising either directly or indirectly out of my participation in or use of the Reh-Fit Centre's facilities, programs and services. I do hereby expressly release and undertake not to sue the Reh-Fit Centre, its officers, directors, agents, or employees for any and all claims, demands, injuries, damages or causes of action, arising directly or indirectly out of my participation in or use of the Reh-Fit Centre's facilities, programs, and services.

I also acknowledge that the Reh-Fit Centre is not responsible or liable for the loss, theft or damage of my personal property while on the Reh-Fit Centre land and premises, including, without limiting the generality of the foregoing, the loss, theft, or damage of any of my personal property in a motor vehicle in the Reh-Fit Centre parking lot, or in a locker on the Reh-Fit Centre premises. I hereby waive and forego any claim or potential claim against the Reh-Fit Centre relating to the loss or damage of my personal property while on the Reh-Fit Centre land and premises.

\_\_\_\_\_

Date

Participant/Guardian Signature

**ACKNOWLEDGEMENT**

I acknowledge that unless I check the box below, the Reh-Fit Centre may provide my name, address, and other contact information to the Manitoba Cardiac Institute (Reh-Fit) Foundation Inc., for the purposes of fundraising or other promotional activities on behalf of the Foundation.

\_\_\_\_\_

Date

Participant/Guardian Signature

I direct the Reh-Fit Centre not to provide my name, address and other personal contact information to the Reh-Fit Foundation.

**REH-FIT CENTRE HANDBOOK**

I acknowledge receipt of the Reh-Fit Centre's Handbook. I agree to observe and comply with the terms and conditions of membership/user pass and the rules relating to facility usage as outlined in the Reh-Fit Centre Handbook or as they may be changed from time to time.

\_\_\_\_\_

Date

Participant/Guardian Signature

|                        |                             |
|------------------------|-----------------------------|
| <b>OFFICE USE ONLY</b> |                             |
| Account No. _____      | Scan Code (shoe tag): _____ |
| Today's Date: _____    | Processed By: _____         |