

West Florida Rehabilitation Institute Wellness Program

Thank you for your interest in our Wellness Program! As a member, you will enjoy the benefits of our modern Fitness Center and/or warm water pool. We proudly serve the fitness needs of former physical therapy patients, cardiac patients, H2U members, seniors (age 50+), employees, contract employees, and physicians.

Requirements of Participation:

- Completion of a Health Profile
- Clearance by your physician (clearance form is located on the Health Profile)
- For your safety, a session with one of our Exercise Specialists must be completed prior to beginning your Fitness Membership or using our facilities or equipment.

Thank you for choosing the West Florida Rehabilitation Institute's Wellness Center. We look forward to helping you meet your health care goals!

For more information, please contact:

**West Florida Rehabilitation Institute
Wellness Center
8391 N. Davis Highway
Pensacola, FL 32514
(850) 494-6177**



Fee Schedule (per month)

Please note: seniors and H2U members are eligible for a discount. Employee members may sponsor a membership for one person who resides in the same household.

Gym Hours: Monday – Friday, 4:30 a.m. – 8 p.m. (excluding major holidays)

	H2U	Aftercare	Employee	Contract Membership
Unlimited	\$23	\$30	\$14	\$15

Warm Water Aerobics and Arthritis Exercise Classes (By Registration Only)

3 x week (M, W, F Only)	\$27	\$35
2 x week (T, Th Only)	\$19	\$25

Combination Membership

Includes Fitness Membership and participation in **one** of the warm water exercise classes

3 x week Pool and Unlimited Gym	\$40	\$55
2 x week Pool and Unlimited Gym	\$35	\$50

All current Fitness members may take advantage of our **OPEN POOL USE** period:

Tuesday & Thursday
1:00 – 4:30 p.m.

Please note:

- Membership cards are required for entry to Fitness Center.
- We recommend that members bring a towel for his or her own personal use, however towels are available for our members to use for a fee of \$1 per visit.

The Wellness Center Member Information



Name: _____

Address: _____

City: _____ Zip _____

Phone (Home) _____ (Work) _____

DOB: _____ Age: _____

Gender: F M

Emergency Contact Info:

Name: _____

Phone: _____

Personal Health History:

Please indicate below if a physician has informed you that you currently have one of the health problems listed below.

- Cancer within the last 7 years
- Coronary heart disease/surgery or heart attack
- Diabetes, or high blood sugar
- High blood cholesterol
- Stroke or partially blocked blood flow to the head or legs

Current Symptoms:

Please indicate any symptoms you may have experienced recently.

- Chest pain or discomfort
- Unusual shortness of breath
- Unexplained dizziness
- Joint problems (knee, hip, shoulder, elbow, wrist or ankle)
- Uncontrolled high blood pressure
- Frequent back pain

General Information:

Date of last complete physical examination:

Are you currently taking prescribed medications?

_____ Yes _____ No

If so, please list ALL medications:

Staff Signature:

FOR STAFF USE ONLY:

Membership Program:

- After Care
 - ___ Self Pay
 - ___ Insurance Pay for ___ mths
 - ___ Fitness ___ Pool
- H2U
 - ___ Fitness WW Ex ___
 - ___ 2 or ___ 3x wk ___ Rehab Pool
 - ___ 2x wk or ___ 3x wk
- Employee Fitness
 - ___ WFH
 - ___ MCC
 - ___ MD
 - ___ Contracted
- Sponsored Member
 - Name of Sponsor _____
 - Date Paid: _____:_____
 - CK ___ Cash ___ Credit ___

 - Amount Paid: _____
 - Orientation Date: _____
 - Time: _____

 - Start Date: _____
 - Notes: _____

Physician approval received
Photo taken
Card made

The Wellness Center Release of Liability



I hereby release WEST FLORIDA HEALTHCARE from liability as a result of any injury I may incur during the use of the **Wellness Center** including, but not limited to, the exercise equipment, pool, locker room facility and weight equipment area.

The use of the swimming pool is limited to scheduled times and supervised by the **Rehabilitation Institute** staff. Access to the swimming pool is otherwise restricted.

At the **Rehabilitation Institute**, I agree to follow the rules of conduct and safety rules posted on or around the equipment and pool area at all times and will use the facilities at my own risk.

CONSULT WITH A PHYSICIAN BEFORE INITIATING ANY EXERCISE PROGRAM.

Member's Name (please print)

Member's Signature

Date

Witness (please print)

Witness Signature

Date

ATTENTION MEMBERS:

With the increasing number of members and patients that utilize the gym and need to use the cardiovascular equipment, you may be asked to limit your time on this equipment, which includes the treadmills, bikes and Stairmasters. We apologize for any inconvenience and appreciate your cooperation

The Wellness Center Membership Agreement

1. Members are required to “sign in” by swiping their membership card upon arrival to The Wellness Center. Not swiping your membership card upon arrival can jeopardize your membership.
2. All H2U members and post-Rehab members must have a physician clearance prior to beginning an exercise program. To qualify for the H2U discount; a current membership card must be presented.
3. No members under the age of 18 are permitted, except by prescription.
4. New members must attend a scheduled orientation session. Please schedule at the Front Desk.
5. Personal locks are permitted for day use only. Management reserves the right to remove any personal locks remaining at the end of the day.
6. Guest passes may be purchased by active members for \$5 each per session/visit. Limit one guest per member per visit.
7. No horseplay or inappropriate use of the gym equipment will be permitted.
8. No chewing gum while exercising in the gym or pool due to increased choking hazard.
9. All persons must shower before entering pool and use pool only during established hours.
10. No food or beverages, except water, are permitted around the perimeter/walkway around the pool or in the fitness area.
11. For Infection Control purposes, persons with any cuts, scrapes, rashes, or breaks in the skin will NOT be permitted in the pool. No band aids allowed in the pool.
12. Towels can be rented for \$1 each at the front desk.

Conditions of Payment

1. Terms of membership will be payment on a monthly basis and membership will renew with each monthly payment. Fees are due on the first of each month.
2. The Wellness Center will NOT bill third party payers. Fees are the responsibility of the subscriber.
3. If you have an expired card, access to The Wellness Center will be denied. Members must have current month sticker.
4. Refunds will NOT be issued for missed classes, non-attendance, observed holidays, or disruptions due to severe weather or emergencies.
5. No discounts or refunds will be made for members who do not attend during subscribed periods.

I acknowledge the terms and conditions of this policy.

Signature of subscriber

____/____/____
Date

The Wellness Center Physician Referral

8391 N. Davis Highway | Pensacola, FL 32514
850-494-6177 | (fax) 850-494-6592



Dear Physician:

Thank you for your referral to the West Florida Rehabilitation Institute. All members have the opportunity to participate in the following components of the fitness program at The Wellness Center:

- Cardiovascular Conditioning
- Strength Training
- Warm Water Exercise Classes

Regarding Mr./Mrs./Ms. _____, we would like to know if there are any precautions we need to be aware of prior to the member starting their exercise program. Fitness Member's phone number: _____.

Precautions/Comments:

Approved for participation

NOT approved for participation

Physician Signature: _____

Physician's Printed Name: _____

Address: _____

City: _____ Zip: _____

Phone: _____ Fax: _____

Sincerely,
The Wellness Center Staff