

Nexen Wellness Centre: Membership Application

Surname: _____ First Name: _____

Birth Year: _____(yyyy) Gender: M_____ F_____ Office #: _____

Nexen Email : _____ Business Telephone: _____

PRIVACY: The Nexen Wellness Centre is committed to protecting personal information by following responsible information handling practices in accordance with the provisions of the Personal Information Protection Act (PIPA) of Alberta. All personal information is stored in member files in a locked cabinet located in the Wellness Centre main office. The office door is locked when the office is vacant. We do not share information with any other party without specific consent from the member. Information collected on these forms is used for the purpose of contacting members and for medical emergency situations when we may be asked for information about an injured person by emergency medical personnel.

Membership Type:

- Employee _____
- Fixed Term Employee _____
- Contractor* _____

Contractor's Cell Phone #: _____

Emergency Contact Info: (if you get injured or sent to hospital, who would you want us to contact?)

Name: _____

Relationship: _____ Telephone: (res) _____ (bus) _____

The facilities and exercise programs offered by the Nexen Wellness Centre have been designed to offer a range of opportunities for members to obtain the benefits of exercise. The Nexen Wellness Centre requests the assistance of all participants to ensure that the facility, including the equipment, are utilized in a safe and respectful manner, so as to minimize risk of injury. All members are required to read and abide by the policies concerning the use of the Nexen Wellness Centre and the member Code of Conduct as posted on the Wellness Centre website as amended from time to time.

Nexen Wellness Centre staff are not trained in the medical field and do not at any time monitor the medical condition of the members. Participants should be aware of any physical or medical limitations and exercise accordingly. Medical consultation is advised prior to joining, as well as if a member believes any change in physical condition is occurring or may have occurred.

Date: _____

Signature: _____

Office Use Only

- | | |
|--------------------------|-------------------------|
| • Contractor fee: _____ | Mindbody profile: _____ |
| • PAR Q: _____ | Member list: _____ |
| • Security Access: _____ | Photocopy IC: _____ |
| • Contact list: _____ | Create file: _____ |