



MOREHOUSE COUNCIL ON AGING INC. FITNESS/WELLNESS CENTER ENROLLMENT FORM

☐ **FITNESS**

☐ **PRIME (SILVERSNEAKERS B)**

☐ **SILVER SNEAKERS A**

☐ **WELLNESS**

☐ **DATE:** _____

INDIVIDUAL:

ID# _____

ID# _____

AMOUNT PAID: _____

☐ **MONTHLY**

☐ **3 MONTHS**

6 MONTHS

YEARLY

FAMILY:

☐ **MONTHLY**

☐ **3 MONTHS**

6 MONTHS

YEARLY

NAME:

ADDRESS:

CITY:

ZIP CODE:

TELEPHONE:

CELL:

EMERGENCY CONTACT:

NO.:

PHYSICIAN NAME:

NO.:

DATE OF BIRTH:

ASSESSMENT DATES:

FIRST WORKOUT DATES:

1. _____

2. _____
