



Masonic Life Center and Pool

Member Application

Community Members

Membership Type: Select one from each column

- | | |
|--|---|
| <input type="checkbox"/> 1-Month Contract | <input type="checkbox"/> Masonic Life Center ONLY Membership |
| <input type="checkbox"/> 3-Month Contract | <input type="checkbox"/> Masonic Pools ONLY Membership |
| <input type="checkbox"/> 12-Month Contract | <input type="checkbox"/> Masonic Life Center & Pools Membership |

** Payment must be in form of cash or check.**

Personal Information:

Name: (Mr., Mrs., Ms.) _____
(First) (Last) (MI)

Birth Date: _____ Phone: (H): _____ (W): _____

Address: _____

MLC Card #: _____ E-mail Address (optional): _____

How did you find out about the Masonic Life Center?

- | | |
|--|--|
| <input type="checkbox"/> Friend | <input type="checkbox"/> Silver Sneakers Advertisement |
| <input type="checkbox"/> GEARS Advertisement | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Brochure | <input type="checkbox"/> Other _____ |

Emergency Contact:

Name: _____ Phone: _____

Relationship: _____

Physician Information:

Name: _____ Phone: _____

Address: _____

Fitness & Wellness Interests: check all that apply

- | | | |
|--|--|---|
| <input type="checkbox"/> Aqua aerobic classes | <input type="checkbox"/> Holistic Health | <input type="checkbox"/> Land aerobic classes |
| <input type="checkbox"/> Nutrition | <input type="checkbox"/> Personal Training | <input type="checkbox"/> Smoking Cessation |
| <input type="checkbox"/> Sport Specific Training | <input type="checkbox"/> Strength Training | <input type="checkbox"/> Stress Management |
| <input type="checkbox"/> Weight Loss | <input type="checkbox"/> Yoga/Pilates | <input type="checkbox"/> Fitness Assessments |

Health Information Release:

Masonic Village Life Center agrees to maintain the confidentiality of individually identifiable health information. The Masonic Life Center Staff specifically agree to comply with applicable provisions of the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), including the regulations published by the Department of Health and Human Services on December 28, 2000 to implement HIPAA. I understand that authorizing the disclosure of this health information is voluntary, and that I can refuse to sign this authorization.

I _____ hereby authorize to release/disclose the following health information to the Masonic Life Center Staff.

Signed (Member)

Member Health Information

Check if you have/had any of the following medical problems:

- | | | |
|--|---|--|
| <input type="checkbox"/> Alzheimer's | <input type="checkbox"/> Angina | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Cancer` | <input type="checkbox"/> COPD |
| <input type="checkbox"/> Dementia | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Dizziness w/exercise |
| <input type="checkbox"/> DJD | <input type="checkbox"/> Emphysema | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> Heart Attack | <input type="checkbox"/> Heart Murmur |
| <input type="checkbox"/> Incontinence | <input type="checkbox"/> Irregular Heart Beat | <input type="checkbox"/> Stroke/TIA |
| <input type="checkbox"/> Joint Replacement | <input type="checkbox"/> Pacemaker | <input type="checkbox"/> Mitral Valve Prolapse |
| <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Sciatica | <input type="checkbox"/> Parkinson's |
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Varicose Veins | |
| <input type="checkbox"/> Valve Disease | | |

Have you had any recent surgeries? _____

Muscular or skeletal disorders (sprains, strains, back injury, swelling) _____

Any known allergies? _____

Are you pregnant? If yes, how many weeks? _____

Please list any medications you are taking - _____

Please read the following questions carefully and answer them to the best of your ability.

Information is kept confidential.

Do you feel pain in your chest when you engage in physical activity?

Do you feel pain in your chest when you are not doing physical activity?

Have you been told that you have high blood pressure?

Have you been told that you have high cholesterol?

Does your heart race for no apparent reason, or do you have skipped heart beats, or do you have extra heart beats?

Have you been told that you have/had heart problems, an abnormal EKG, or a heart attack?

Do you frequently have leg cramps with exercise?

Do you often have difficulty breathing?

Do you ever feel short of breath?

Has anyone in your immediate family (parents/brothers/sisters) had a heart attack, stroke, or cardiovascular disease before the age of 55?

Do you smoke?

Are you currently exercising LESS than 1 hour per week? If you answered no, please list your activities: _____

Are you currently being treated for a bone or joint problem that restricts you from engaging in physical activity?

If you answered "Yes" to any of the above questions, please explain briefly:

Please list any other conditions that may affect your ability to exercise in the pool or in the fitness center:

Please answer the following questions:

What are your specific fitness goals? (Indicate all that apply)

- Increase strength and endurance
- Improve muscle tone
- Improve cardiovascular fitness
- Other _____
- Improve flexibility
- Exercise regularly
- Injury Rehabilitation

What are your specific health goals? (Indicate all that apply)

- Reduce stress
- Control blood pressure
- Feel better overall
- Other (please be specific) _____
- Control cholesterol
- Reduce back pain
- Increase my health awareness

What motivated you to attend the MLC or Pool? (indicate all that apply)

- Convenience/Location
- Medical reasons
- Other (please explain) _____
- Warmth of water
- Know others who attend

Are you currently on a special diet? Y N

If yes, please explain: _____

Rate your level of stress from 1 (low) to 4 (very high) in the following areas:

_____ Work _____ Family _____ Financial _____ Your body

Pool Applicants ONLY - Aquatics Background:

YES NO

- 1. Are you fearful of entering the water and/or losing your balance?
- 2. Are you willing to get your hair wet?
- 3. Have you ever taken any aquatics exercise classes in the past?
- 4. Are you currently interested in participating in an aquatic exercise program?

Please check (☑) mode of entering the water: ___ Steps ___ Chairlift

Please list aquatic activities that are of interest: _____

All Applicants - Please sign below:

I have answered all of the above questions truthfully to the best of my knowledge. Any questions that I have were answered to my full satisfaction.

Please Print Name: _____

Date: _____

Signature: _____

Witness: _____

Signature of Parent or Guardian (if under age 18) _____

MASONIC VILLAGE at ELIZABETHTOWN
Masonic Life Center/Swimming Pools
Consent and Release Agreement

Thank you for choosing to use the facilities, services, and/or programs of Masonic Life Center and/or swimming pools. We request your understanding and cooperation in maintaining both your and our safety and health by reading and signing the following consent agreement.

I, _____, intend to utilize the activities, facilities, programs, and services offered by Masonic Life Center and/or swimming pools. I understand that each person, (myself included), has a different physical capacity for participating in such activities, facilities, programs, and services. I am aware that all activities, services, and programs offered are educational, recreational, and self-directed in nature. I assume full responsibility during and after my participation, for my choices to voluntarily use or apply, at my own risk, the information or instruction I receive.

I understand the risk involved in undertaking such activities relative to my state of fitness or health (physical, mental, or emotional) and the importance of the awareness, care, and skill with which I conduct myself in that activity or program. I acknowledge my voluntary choice to participate in the activities, services, and programs of Masonic Life Center and/or swimming pools brings with it my assumption of those risks stemming from this choice and my fitness, health, awareness, care, and skill.

I recognize that by voluntarily participating in the activities, facilities, programs, and services offered by Masonic Life Center and/or swimming pools, I may experience potential health risks such as light-headedness, fainting, abnormal blood pressure, chest discomfort, leg cramps, and nausea and that I voluntarily assume those risks. I acknowledge my obligation to immediately inform the nearest supervising employee of any pain, discomfort, fatigue, or any other symptoms that I may suffer during and immediately after my participation. I understand that I may stop or delay my participation in any activity or procedure if I so desire and that I may also be requested to stop and rest by a supervising employee who observes any symptoms of distress or abnormal response.

I understand the following list of contraindications of swimming pool and spa use:

Swimming Pool: Open wounds, infection of any type, incontinence, ostomy, tracheotomy tubes, g-Tubes and suprapubic tubes with unhealed tissue around insertion, uncontrolled seizures (must be seizure free for 3 months), fever, cast of any type.

Spa: Heart disease. High/low blood pressure, diabetes, medications that cause drowsiness or alterations in blood pressure.

I have been advised to receive a physician clearance before using the Flohr Pool and Spa.

I understand that I may ask any questions or request further explanation or information about the activities, facilities, programs, and services offered by Masonic Life Center and/or swimming pools at any time before, during, or after my participation.

To be checked by program staff:	Checked	Initials
I. Risks were orally discussed.	_____	_____
II. Questions were asked, and the Participant indicated complete Understanding of the risks.	_____	_____
III. Questions were not asked, but an opportunity to ask questions was provided and the participant indicated complete understanding of the risks.	_____	_____

I hereby release Masonic Villages, its employees, officers, directors, agents, and successors from any and all manner of actions, causes of action, individual and class action claims or demands of every kind whatsoever, in law or equity including, but not limited to, all claims or potential claims arising out of my voluntary participation in, or any injury sustained from, or as a result of, my use of the facilities, services, and/or programs at Masonic Life Center and/or swimming pools. I affirm that I have read this Consent and Release Agreement, and understand its contents. I have had the opportunity to ask questions regarding the Agreement, facilities, services and programs and affirm that any such questions have been answered satisfactorily.

Member Signature (Signature of Parent or Guardian if under age 18) Date

Staff Signature Date

**MASONIC VILLAGE at ELIZABETHTOWN
AGREEMENT AND RELEASE OF LIABILITY**

In consideration of being granted membership or permission to voluntarily participate in the activities and programs of Masonic Life Center and pools and to use its facilities, equipment, and machinery in addition to the payment of any fee or charge, I hereby waive, release and forever discharge Masonic Life Center and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above-mentioned facilities or arising out of my participation in any activities at said facility. I hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my participation in any activities of Masonic Life Center and swimming pools or the use of any equipment at Masonic Life Center and swimming pools.

(Please initial _____)

I understand and am aware that strength, flexibility, and aerobic exercise, including the use of equipment, involves some risk including that of injury and death. I am voluntarily participating in these activities and using equipment and machinery with knowledge of the material risks involved. I agree to expressly assume and accept any and all such risks.

(Please initial _____)

I further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation in any of the activities and programs of the Masonic Life Center and pools or use of equipment or machinery except as hereinafter stated. I acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician with respect to my fitness to engage in physical activity, exercise, and use of exercise and training equipment. I acknowledge that I have either had a physical examination and have been given my physician's permission to participate, or that I have decided to participate in activity and/or use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities.

(Please initial _____)

I hereby release Masonic Villages, its employees, officers, directors, agents, and successors from any and all manner of actions, causes of action, individual and class action claims or demands of every kind whatsoever, in law or equity including, but not limited to, all claims or potential claims arising out of my voluntary participation in, or any injury sustained from, or as a result of, my use of the facilities, services, and/or programs at Masonic Life Center and/or swimming pools. I affirm that I have read this Consent and Release Agreement, and understand its contents. I have had the opportunity to ask questions regarding the Agreement, facilities, services and programs and affirm that any such questions have been answered satisfactorily.

Member Signature (Signature of Parent or Guardian if under age 18) Date

Staff Signature Date

MASONIC VILLAGE at ELIZABETHTOWN
MASONIC LIFE CENTER AND SWIMMING POOLS CONTRACT
Community

Membership Term: 1, 3, 12 month MLC, 1, 3, 12 month POOL, 1, 3, 12 month DUAL, Brossman Pool Season Pass
Please fill in which Term is desired: _____

Rules, Regulations and Schedules

Member agrees to abide by all the membership rules, regulations and schedules of the Masonic Life Center (MLC) and swimming pools, which may be posted at the MLC and pools, or issued orally, and which may be amended from time to time, at Management's sole discretion.

Presentation of Membership Card

No one will be admitted to the MLC or pools without displaying a valid membership card or registering as a guest.

Membership Fees

MLC

1 Month: \$30, 3 Months: \$85, 12 Months: \$279

Pool

1 Month: \$30, 3 Months: \$85, 12 Months: \$279

Dual

1 Month: \$47, 3 Months: \$133, 12 Months: \$436

Brossman Pool Season Pass

Memorial Day – Labor Day \$100 if purchased by the Friday one week prior to the opening of the pool or \$110 if purchased after this date. Under 2 Free. Flohr/Patton Pool Members \$85 if purchased by the Friday one week prior to the opening of the pool, or \$93.50 if purchased after this date. Prices are prorated throughout the summer. Brossman Pool Season Passes are not refundable for any reason.

Transfer of Membership

Membership may not be transferred.

Holidays

The MLC will close for observation of the following holidays:

New Years Day, Good Friday, Memorial Day, July 4th, Labor Day, Thanksgiving, and Christmas. The MLC may also close during Masonic Village Autumn Day and other Masonic Events. Look for posted information for schedule cancellations on holidays and special events at the Flohr and Patton pools.

Closure

Routine or special maintenance may require the closure of the pools. Should the MLC or pools close temporarily for 30 days or more, the buyer shall receive an extension of the membership term equal to the period during which the facility is closed. Any time less than 30 days will not receive an extension of membership.

Disability

You or your legal representative may cancel this contract if you die, become permanently disabled or temporarily disabled for a period longer than 8 weeks. A disability means a condition which precludes you from using the facility and the condition is verified by a physician. Upon receipt of notice of cancellation under this paragraph, you can choose to be refunded all monies for the remainder of the term of the contract or extend your membership for the months that you are temporarily disabled.

Termination

Masonic Village Elizabethtown may in its sole discretion terminate this Contract at any time upon providing written notice to member in the event that member has violated any of the membership rules, regulations, or schedules.

Moving

You may cancel this contract if you move more than 25 additional miles from the MLC and are unable to transfer the contract to a comparable facility located within five miles of the new residence. You must provide proof of new residence. Upon receipt of notice of cancellation under this paragraph, you shall be refunded all monies paid in excess of an amount computed by dividing the full contract price by the term of the contract, multiplied by the number of weeks remaining in the contract, less \$50, or if more than half the life of the contract has expired, \$25.

Notice of Cancellation

If you wish to cancel this contract in accordance with the paragraphs above, you must notify the MLC in writing, by personal delivery to the MLC, or by certified mail, return receipt requested. All cancellation monies due shall be paid to you within 40 days of receipt of the notice of cancellation.

Freezing Your Membership

You may freeze your MLC and Patton/Flohr pool membership for any reason for an additional \$5.00 per month if you paid your membership fee by cash or check. In paying the \$5.00 per month your membership will be extended for up to 6 months. May not freeze Brossman Pool Season Passes.

Lockers

Lockers at the MLC are provided solely for the benefit and convenience of members. Locks for lockers are provided by the MLC at a fee of \$5 that is refundable when the lock and key is returned. Individual locker rental is available for permanent storage as long as you are an active member, at an additional fee of \$5.00 per month. You may not use your own lock. Non-MLC locks will be removed. No locker rentals at the pools are available.

Valuables and Personal Property

You are urged to avoid bringing valuables into the MLC and pools. The MLC and Masonic Village at Elizabethtown shall not be liable for the loss or theft of, or damage to, personal property, including items left at the coat check or lockers.

Dress Code

Shoes, shirt, shorts/pants are required. Loose fitting comfortable clothing and sneakers are recommended. Tank tops are permitted. NO opened toed shoes or anything worn loose around the neck are permitted. See posted Pool Rules for dress code at each pool.

Personal Training

You are entitled to one complementary personal training session for up to one hour per calendar year.

Entire Agreement

This contract constitutes the entire and exclusive agreement between the parties and supersedes any oral or written understanding. This contract only may be modified in a writing executed by a duly authorized representative of the MLC.

Member’s Right to Cancel

If you wish to cancel this contract, you may cancel by delivering or mailing by certified United States mail, return receipt requested, written notice to the Masonic Life Center, 1 Masonic Drive, Elizabethtown, PA 17022. The notice must say that you do not wish to be bound by the contract and must be delivered or mailed before 12 midnight of the third business day after you sign and receive copy of this contract. Such notice must include any forms, membership cards and any other document of evidence of membership previously delivered to you. In some cases, you may also cancel this contract if the club moves or goes out of business, if you become permanently disabled or if you move from the area. If you cancel, the Masonic Life Center may be entitled to a certain portion of the contract price. For details, read your contract carefully.

MLC Staff Signature, For Masonic Villages, Elizabethtown Date

Member Signature **Date**