




## Welcome!

You may complete this form in one of two ways:

- Print the form and then use a pen to enter the information.
- Use your keyboard to enter the information and then print the form.

To enter information using your keyboard:

1. Click on the Hand Tool  located on the toolbar near the top of the screen.
2. Click on the field you wish to complete.
3. Type the information.

Once you finish, please sign the form and mail or deliver it to your local facility.



**CHRISTUS  
SPOHN FITNESS CENTER**  
E N R O L L M E N T F O R M

I.D.# \_\_\_\_\_  
Staff Use Only

Name \_\_\_\_\_ Male  Female   
Last First Middle

Home Address \_\_\_\_\_  
Street City ZIP

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

What time of day will you most likely use the facility? \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.

Will you participate in aerobics?  Yes  No

**Entry Status:**

Employee # \_\_\_\_\_ Dept. \_\_\_\_\_

\_\_\_\_\_ Spohn Hospital Employee

\_\_\_\_\_ Spohn Hospital Auxillary

\_\_\_\_\_ Spohn Hospital Physician

\_\_\_\_\_ Other \_\_\_\_\_

**Pay Status:**

\_\_\_\_\_ \$15 registration

\_\_\_\_\_ \$15 registration-3 months minimum (\$66)

\_\_\_\_\_ \$15 registration + \$216.45 Yearly

I understand that I must complete the medical history form and participate in basic orientation.

I understand that the \$15 registration fee and dues checked in the above payment plan are payable during the enrollment process.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness signature