



Life Center Membership Agreement

HOUSEHOLD – INDIVIDUALS ON THIS MEMBERSHIP

NAME (FIRST AND LAST, IF DIFFERENT)	BIRTHDATE	GENDER		KEY TAG NUMBER
		<input type="checkbox"/> Male	<input type="checkbox"/> Female	
	__/__/__	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
	__/__/__	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
	__/__/__	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
	__/__/__	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
	__/__/__	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
	__/__/__	<input type="checkbox"/> Male	<input type="checkbox"/> Female	

Employer: _____ (for corporate rates)

BANK DRAFT AUTHORIZATION

NAME OF CUSTOMER	BANK / CREDIT CARD INFORMATION
Name	Bank Transit Routing # and Depositor's Account #
	Credit Card Number and Credit Card Expiration

MAILING ADDRESS OF CUSTOMER *(If different from address on the account)*

Street	City	State
	Zip	

I authorize the LIFE CENTER of the Greenville Health System to automatically debit my [] checking, [] savings account OR [] credit card for my monthly dues in the amount of \$_____. I understand that my monthly dues may increase pursuant to the terms of my membership agreement and I authorize the LIFE CENTER to increase the automatic debit amount after giving me written notice at least thirty (30) days in advance of the dues increase. It is understood that I may cancel this agreement by providing written notification to the LIFE CENTER at least thirty (30) days in advance of cancellation.

Signature of Depositor: _____ Date: ____ / ____ / ____

Voided Check Attached

MEMBERSHIP AGREEMENT

MEMBERSHIP: The LIFE CENTER admits Member to membership in the LIFE CENTER and grants the Member the right to use the LIFE CENTER'S facilities, subject to the terms and conditions in this agreement and the Rules and Regulations of the LIFE CENTER. Member understands that the bank draft, if that is the form of payment, is a continuous membership plan and will remain in effect for as long as the Member retains the membership card issued to them.

CHANGE IN METHOD OF PAYMENT: Member may change the method of payment to another approved payment option with thirty (30) days advance written notification to the LIFE CENTER

CORPORATE MEMBERSHIP: Member acknowledges that the Member's rate of monthly dues may be contingent upon Member's continued employment with a corporate member. Any change in Member's employment status (either due to Member's cessation of employment or corporate member's withdrawal from the program) may result in adjustment in Member's dues in the month following such event, without any advance notice from Life Center.

CHANGE IN DUES: LIFE CENTER reserves the right to increase the amount of dues payable per month at anytime provided. In the event that LIFE CENTER intends to implement such an increase, it shall give Member at least thirty (30) days prior written notice of the proposed increase.

EFFECT OF NONPAYMENT OF DUES AND CHARGES: Unless otherwise provided herein, Member is liable for payment of dues and charges so long as he/she is a Member. In the event that LIFE CENTER fails to receive payment when due and such payment is not received within thirty (30) days of the due date, the Member's right to use the LIFE CENTER facilities shall be suspended until such time as payment of all past dues amounts is received. Should any membership draft not be honored by my bank for any reason, the Member remains responsible for that payment plus a service fee applied by the Life Center. This is in addition to any service fees the Member's bank may charge.

CHANGE IN MEMBERSHIP: Member may request a change in membership classification to add or remove person (s) at any time. Member agrees to pay any additional initiation fee(s) and dues associated with the change request. Member must notify Life Center at least (30) days prior to a change in membership.

TERMINATION: (A) Member may terminate membership upon thirty (30) days written notice. Such termination shall be effective ONLY upon Member's surrender of membership card (s) and payment of all dues and charges owing to the LIFE CENTER through the date of termination. (B) LIFE CENTER may terminate a Member's membership for failure to pay dues when due, or failure to comply with LIFE CENTER Rules & Regulations. In the event of such termination Member shall remain liable for all dues and charges payable through the date of termination.

I HAVE READ THIS ENTIRE AGREEMENT AND THE LIFE CENTER POLICES OR HAVE HAD IT READ TO ME, AND I UNDERSTAND IT OR HAVE HAD IT ADEQUATELY EXPLAINED TO ME. BY SIGNING THIS AGREEMENT, I AGREE TO BE BOUND BY ALL TERMS AND CONDITIONS CONTAINED HEREIN.

MEMBER SIGNATURE _____

DATE ____/____/____

MEMBER'S PRINTED NAME _____

WITNESS _____

DATE ____/____/____



Life Center Health History & Code of Conduct

Name: _____

Gender: Male Female D.O.B: ____/____/____ Age: ____ Height: _____ Weight: _____

Address: _____ City/State/Zip Code: _____

Phone - Home: _____ Work: _____ Cell: _____

E-mail address: _____

In case of emergency, contact: _____ Phone: _____

Doctor's name: _____ Phone: _____

Date of last physical: ____/____/____ Date of Stress Test: (if performed) ____/____/____

Have you ever been a member of the Life Center before? Yes No Referred by: _____

Medical History and Current Symptoms(do you now or have you had in the past)		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Heart problems: heart attack, bypass, angioplasty, stent, angina
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Heart failure
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Stroke or TIA
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Blockage in artery to: legs, neck or kidney
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Chest pain, heaviness, tightness or burning (angina)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dizziness or fainting (syncope)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Unusual fatigue or shortness of breath (dyspnea) at rest or with normal activity
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Pain or tightness in hips or calves with walking (claudication)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Diabetes. If yes, what type:
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Seizure disorder
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Breathing or lung problems
Other Symptoms (please answer all questions)		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Pregnancy (now or within the last 3 months)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Recent surgery or any other condition that might hinder you from exercise
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Thyroid problems
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Muscle, joint or back problems
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Mental/nervous disorder
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Current cigarette smoker or quit within the last 6 months
<input type="checkbox"/> Yes	<input type="checkbox"/> No	High blood pressure (140/90 or higher) or taking medicine to lower blood pressure
<input type="checkbox"/> Yes	<input type="checkbox"/> No	High blood cholesterol (240 or higher) or taking medicine to lower cholesterol level
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Family history of early heart disease (father/mother/brother/sister before age 60)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Excess Weight ("20 extra pounds" especially around the waist)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other symptoms not listed:

Medicines: Dose and how often (list all medicines including herbal products, etc.)

1.	4.	7.
2.	5.	8.
3.	6.	9.

Any allergies (list drug/food/latex, etc.): _____

Physical activities I enjoy are _____

My health goal(s) is/are _____

Your signature below authorizes a Life Center staff member to obtain a medical clearance from your physician if you have diagnosed heart problems, diabetes, metabolic disorders, respiratory problems or any other significant risk factors, before you engage in exercise program(s). **It is your responsibility to update this form on a yearly basis and to notify a Life Center staff of any changes.**

⇒ Signature _____ Date _____

Code of Conduct

The Life Center Health & Conditioning Club (also referred to as Life Center) strives to provide a safe and enjoyable environment to all our members and guests. Respectful and mature behavior is expected at all times. Inappropriate behavior may result in suspension or termination of membership privileges. Management reserves the right to terminate members for non-payment of membership dues, for inappropriate behavior or other reason as determined in the sole discretion of the Life Center Health & Conditioning Club staff. To ensure the comfort and safety of everyone, we have set forth the following expectations for all individuals who use the facility.

Behaviors that violate the Life Center Health & Conditioning Club include, but are not limited to:

- Any acts of violence;
- Any illegal activity;
- Smoking or illegal drug use in or outside the Life Center Health & Conditioning Club property;
- Use of vulgar or inappropriate language, swearing, name-calling or shouting;
- Harassment or intimidation by words, gestures, body movement or behavior;
- Possession of any item(s) that could be viewed, in the sole discretion of Life Center staff, as a weapon or as a threat to others;
- Careless use, disregard or destruction of the Life Center Health & Conditioning Club property or the property of others;
- Usage of the Life Center Health & Conditioning Club facility while under the influence of alcohol or illegal drugs; and
- Disrespect or disregard for the persons or property of others.

Waiver, Hold Harmless and Release from Liability

I understand that there is risk of injury associated with participation in any fitness program, including use of the LIFE CENTER facilities. In consideration of being accepted as a Member of the LIFE CENTER, and being permitted to participate in the LIFE CENTER programs and activities, I agree to waive, release and hold harmless the LIFE CENTER, the Greenville Health System, its Board of Trustees and their agents, servants and employees from all claims, liability, demands, rights and causes of action present or future, including medical bills, fees, or expenses, whether known, anticipated or unanticipated, whether or not relating to the negligence of any officer, employee, or agent of the LIFE CENTER or Greenville Health System, and whether or not resulting from, arising out of, or incident to my use of, presence at, or membership in the LIFE CENTER Health & Conditioning Club.

I HAVE READ THIS ENTIRE DOCUMENT OR HAVE HAD IT READ TO ME, AND I UNDERSTAND IT OR HAVE HAD IT ADEQUATELY EXPLAINED TO ME. BY SIGNING THIS DOCUMENT, I AGREE TO BE BOUND BY ALL TERMS AND CONDITIONS CONTAINED HEREIN ALONG WITH ALL LIFE CENTER POLICIES & PROCEDURES STATED IN THE MEMBER GUIDELINES THAT I RECEIVED UPON REGISTRATION.

⇒ Signature _____ Date ____/____/____

Printed Name _____ Date ____/____/____

Witness _____ Date ____/____/____



Life Center

Membership Guidelines

Memberships

All members of the Life Center® Health & Conditioning Club of Greenville Health System (GHS) sign a month-to-month contract and have the option of a bank draft or a savings of five percent if payment is made in full. GHS part- and full-time employees must payroll deduct their dues; PRN employees must bank draft their dues. Membership continues month to month until a termination notice is received.

All members joining the Life Center must complete a Health History form. The Life Center will have a qualified staff person review this form and determine if further medical information, physician release or testing is needed.

Members are expected to follow all policies, procedures and the Life Center Code of Conduct as signed at time of application for membership.

Memberships can be placed on hold for up to 90 days or upgraded as needed. A 30-day written notice is needed to terminate membership.

Membership Cards

Members receive a membership card at the time of enrollment. Members are asked to scan their card at the front desk when entering the club. There is a nominal fee for replacement cards.

Dress Code

Athletic attire and closed-toe shoes are required in all areas of the facility (except the pool, yoga, stretch and Pilates classes as permitted by the instructor). Hospital scrubs are not permitted, and women must wear a top over sports bras. Questionable workout attire will be addressed by management.

Towel Service

The Life Center provides daily towel service for members and guests. Bath towels are available in the locker rooms and pool entrance. Sport towels are available outside the locker rooms. Used towels should be placed in the towel bins located throughout the facility.

Guest Policy

The Life Center welcomes guests to our facility (subject to medical clearance).

There is a nominal guest fee per visit. Guest privileges do not include Kids Korner babysitting services. Guests may use Kids Korner for an additional fee per hour per child depending on availability (reservations requested).

Guests under age 18 must have written parental/guardian consent to use the Life Center. Guests under age 14 are not permitted on equipment; however, the pool, outdoor and indoor track are available with parental/guardian supervision. Members with grandchildren under age 14 may use the club as a guest at the children's guest rate. All guests are required to follow all Life Center policies, procedures and the Code of Conduct.

Workout Etiquette

As a courtesy to others, members are requested to limit their time on the cardiovascular equipment to 30 minutes if others are waiting. Members are encouraged to share strength equipment between sets and to return all weights to their proper place after use. Cell phone use is prohibited in the arena and during classes except for emergencies. Additional etiquette guidelines are posted throughout the facility.

Equipment

The Life Center requires members to use equipment for its intended purpose. If members are unsure how to use a piece of equipment, Conditioning Specialists are available to assist them. As part of membership, Personal Equipment Orientations (PEO) are available for all members; free periodic reviews are available every six weeks.

Group Fitness Classes

No children under age 14 are allowed in any group fitness or water aerobic class, unless pre-approved by the supervisor of Group Fitness.

Continued on back

Swimming Pool

Members should rinse before entering the pool and refrain from using soap/shampoo at the pool shower. Three lap lanes are always open for continuous swimming. Two or more people can swim in each lap lane. Please wait until the swimmer stops to rest before asking to share the lane. If the open swim area is not congested, lap swimming can occur in the fourth and fifth lanes. Children are not allowed to play in lap lanes.

Open swim is not permitted during water aerobic classes. Please refer to the Group Fitness Class Schedule for class times.

The open area may be used during swimming lessons and other times. Private swim lessons may be conducted by an instructor during water aerobic classes from the flag poles to the walls, which will not conflict with the water aerobic participants. Swim instructors may be in the beginner lap lane instructing a Level III or higher child or adult while members are swimming laps.

No food or beverage (other than water) is allowed on the pool deck.

Locker Service

The Life Center provides lockers on a daily basis to members using the facility. All members and guests must provide their own lock. Half and full lockers are available for a six-month contract. All locks left on lockers, except rentals, will be cut off each evening and locker contents removed.

Kids Korner

Kids Korner, our babysitting service, accepts children age 8 weeks to 9 years old. Each child has a two-hour limit, and the service is free for members. Only parents or legal guardians are eligible to use Kids Korner as part of membership.

Reservations are requested and should be made the day of use. Guests may use Kids Korner for a nominal fee per hour per child depending on availability (reservations requested).

Lost and Found

All lost and found articles are turned in to the Front Desk. Items are labeled and dated and stored for two weeks before being donated to Goodwill. We are not responsible for lost or stolen items.

Holidays

The Life Center is closed on New Year's Day, Easter, Thanksgiving Day and Christmas Day. Management reserves the right to modify hours and closings.

Comments and Suggestions

Comments and suggestions are important to us. Please place comments or concerns in the Suggestion Boxes located throughout the facility or address them to the club management. Member comments will allow us to maintain the highest level of service.

The Life Center follows all Greenville Health System policies as outlined in the GHS Manual of Policy Directives.

Additional Services and Amenities

- Aerobic Classes
- Aquatic Arthritis Classes
- Aquatic Classes
- Complimentary Coffee and Towel Service
- Corporate Memberships
- Cycling Classes
- Dance Instruction
- Dry Sauna
- Health Education Classes
- Healthy Steps
- Massage Therapy and Classes
- Metabolism Testing
- Monthly Club Newsletter
- Nutrition Counseling
- Personal Training
- Pilates Mat Class
- Pilates Personal Training (Chair, Reformer, Group)
- Pool Parties
- Room Rental
- Speaking Engagements/Presentations
- Strong Kids (ages 10-13)
- Swim Lessons (children and adults)
- Temporary Memberships
- Walking/Jogging Tracks (indoor and outdoor)
- Wireless Network "701Guest"
- Yoga

Please inquire at the Front Desk for more details:
Call **(864) 455-4231** or visit us at ghslifecenter.org.

**GREENVILLE HEALTH SYSTEM
EMPLOYEE PAYROLL DEDUCTION AUTHORIZATION FOR LIFE CENTER**

NAME	DATE:
EMPLOYEE #	
STATUS: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	LOCATION: <input type="checkbox"/> 8021 - GREENVILLE <input type="checkbox"/> 7464 - GREER
MEMBERSHIP: <input type="checkbox"/> NEW <input type="checkbox"/> CHANGE <input type="checkbox"/> CANCEL	MEMEBERSHIP PLAN: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> FAMILY II <input type="checkbox"/> FAMILY PLUS <input type="checkbox"/> PATH INDIVIDUAL <input type="checkbox"/> PATH FAMILY

INITIATION FEE

I do hereby authorize the LIFE CENTER to deduct \$ _____ from my payroll divided in 1 2 3 4 (circle one) consecutive pay periods for my LIFE CENTER Initiation Fee.

Employee Signature: _____ Date: ____/____/____

BI-WEEKLY DUES

I do hereby authorize the LIFE CENTER to deduct \$ _____ from my payroll each pay period for my LIFE CENTER monthly dues until such time as I notify the LIFE CENTER thirty (30) days in advance in writing of my intent to cancel my membership.

As a benefit to GHS Employees, I understand that GHS subsidizes a portion of my LIFE CENTER monthly dues and that the portion that GHS subsidizes is taxable and the amount will be reflected on my paycheck. This is due to income and tax laws mandated by the United States government.

Employee Signature: _____ Date: ____/____/____

Payroll Use:

Date Keyed:	
Keyed By:	

Life Center Use:

Intake Staff:	
Staff Keyed:	
Date Keyed:	
Extension:	

completed by LC staff	BI - WEEKLY AMOUNTS		
DEDUCTION CODE	931	932	933
	LIFE CENTER	PATH CONVERTED	PATH NEW
8000 - INITIATION			
8001 - PATH INITIATION			
8005 - DUES			
8010 - DUES PATH			
8015 - DUES PATH NEW			