



FORT PECK COMMUNITY COLLEGE

WELLNESS CENTER

MEMBER INTAKE FORM



TODAY'S DATE (OF MEMBERSHIP SIGN-UP): ____/____/____

YOUR INFO:

First Name: _____ Last Name: _____

Email: _____ Phone Number: _____

Address/P.O.: _____ City: _____ State: ____ Zip: _____

Date of Birth: ____/____/____ Gender (Circle): M F N.B.

Emergency Contact Name: _____

Emergency Phone: _____ Relation: _____

Your High School Grad. Year (Circle One): 2021 2022 2023 2024 2025 N/A

VACCINATED? Yes No **If "yes", show a vaccination card for each person in your party**

MEMBER TYPE (Check One):

- | | | |
|----------------------------------------|----------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Jr. High/HS student | <input type="checkbox"/> Patient Group Package |
| <input type="checkbox"/> Family | (12-18)** | (healthcare provider |
| <input type="checkbox"/> FPCC Student | <input type="checkbox"/> Employee Group | pays membership) |
| <input type="checkbox"/> FPCC Employee | Package (employer pays | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Elder (60+) | membership) | |

***Youth under the age of 12 are not allowed in the facility unless under DIRECT supervision of an adult at all times. Staff reserves the right to ask any member to leave the facility if a child they brought is left unattended.*

Organization: (if employer or healthcare provider pays membership): _____

Immediate Family Members (FAMILY PLAN ONLY): List up to 6 members (with email addresses or phone numbers) you'd like added to your family plan.

	<u>NAME</u>	<u>EMAIL/PHONE</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

GYM KEYHOLDER? Y / N

(If Yes) **KEYCARD ID #:** _____