



Logan County Rehabilitation and Wellness Center

906 W 2nd Street, Oakley, KS 67748

785-672-8167

Member Registration

Name _____ Birth Date _____

Home Address _____ Home Phone _____

City _____ State _____ Zip _____ Work Phone _____

Emergency Contact (Name) _____

Emergency Contact (Phone) _____

E-mail address (optional) _____

E-mail addresses may be used to contact you with payment due reminders or important member notices.

Type of Membership Single _____ Couple _____ Family _____ Student _____

Couple and family memberships, please list all names and DOB to be included in the membership:

Name _____ Relationship _____ DOB _____

Name _____ Relationship _____ DOB _____

Name _____ Relationship _____ DOB _____

Name _____ Relationship _____ DOB _____

Name _____ Relationship _____ DOB _____

I hereby register as a member of the Logan County Rehabilitation and Wellness Center. I acknowledge having received a copy of the Code of Conduct and I agree to abide by the same. Furthermore, I agree to pay all prevailing monthly dues so long as I or any of my other immediate family members retains membership. I understand my membership is nontransferable and dues are subject to change. I am aware and understand that I am responsible for monitoring my own condition through the exercise program and should any unusual symptoms occur, I will cease my participation and immediately inform the Wellness Center Staff or seek medical attention. All information obtained as a result of my utilization of this facility for participation in any programs shall be treated as privileged and confidential. This information may be used for billing, statistical or scientific purposes with my right of privacy mentioned. In consideration of the Logan County Rehabilitation and Wellness Center accepting this application, I release and discharge Logan County Rehabilitation and Wellness Center, it's employees, any and all persons connected with the facility from all rights, claims, demands and actions of any and every nature whatsoever for any and all loss, damage, injuries sustained by me or my property.

Signature _____ Date _____

Accepted by _____ Date _____

Anyone purchasing membership for the first time is urged to make an appointment with our staff for an orientation and equipment instruction to help start your fitness journey.