

_____ : _____
Last First M.I.

Address:

_____ : _____
Street Address

Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? YES NO

Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?

YES NO

Emergency Contact Information

Contact Name: _____ Phone Number: _____

Relationship: _____

Membership Status (Circle One)

Student

Faculty/Staff

Community

Membership Declaration

Memberships will not be refunded. Your signature below acknowledges that you agree to abide by all MGA

MIDDLE GEORGIA STATE UNIVERSITY

WELLNESS CENTER