

# ST. CROIX REGIONAL WELLNESS CENTER REGISTRATION FORM

A) <b>Date:</b>	D) <b>Male/Female:</b>
B/C) <b>Name:</b>	
E) <b>DOB:</b>	F) <b>Age:</b>
G) <b>Telephone Number:</b>	
H) <b>Address:</b>	
I) <b>Email:</b>	
J) <b>How did you hear about us?</b>	

## INSTRUCTOR USE ONLY

K) <b>Type:</b> Trial, Walk-in, Unlimited Session, Personal Training, etc.	
<b>Expiration Date of card</b> (last day to use Wellness Ctr card)	
<b>Cash / Check / Credit Card</b>	
<b>Amount Paid</b>	
<b>CARD COMPLETED AND IN BOX</b>	Yes    No
<b>WAIVER COMPLETED?</b>	Yes    No
<b>EMERGENCY/HEALTH INFO FORM COMPLETED?</b>	Yes    No
N) <b>Employee/family/CL teacher discount?</b> Yes    No	
R) <b>Other/Comment:</b>	
O) <b>Silver &amp; Fit Member?</b> Yes    No	
Initials of Staff Completing this Form:	

ADMIN ONLY: Paperwork	
Years	Complete?
2013-2014	<input type="checkbox"/>
2014-2015	<input type="checkbox"/>
2015-2016	<input type="checkbox"/>
2016-2017	<input type="checkbox"/>
<input type="checkbox"/> Entered on Master List (H: Drive)	
<input type="checkbox"/> Entered on Trial or Purchased Package Tab	
<input type="checkbox"/> Entered into sportsandwellness E-mail Contact List	
M) Clinic/Physician (on health history form)	
Initials of Staff Entering Information: _____	