



Wellness Community Membership Form

Mail or deliver payment to:
NEO A&M College
Business Office
200 I. Street NE
Miami, Oklahoma 74354

Office use only:

Date rec'd: _____ Staff: _____ Payment Amount: _____ Cash or Check

Please print

Date: ____/____/____ Student ID #/Key

Barcode#: _____

Name: _____

Phone _____ Email: _____ Campus

Box: _____

Permanent address: _____

Current status: Faculty _____ Student _____ Community Member _____

Family _____

Spouse/Partner Name: _____ Family

Health Information: please check if this applies to you

Are you under any treatment that may limit your physical activity? Please explain.

Do you have any medical conditions(s) that would increase the risk of injury or illness as a result of physical activity? Please explain _____

Are you taking any medication that may limit or affect physical activity?

Membership policies

Rules and Conduct

_ Member agrees to be subject to authority and guidance of the NEO staff while in the facility and to follow instructions of the staff.

_ Member agrees to be respectful of others while in the facility.

_ Member agrees to abide by all rules and guidelines of the facility and understands that his/her membership may be revoked without refund if the member fails to abide by any such rules and guidelines.

Fees

_ Member is responsible for staying current with their membership fees.

_ The summer membership fee may be based on weekly, monthly or summer long schedules that are posted.

NEO Wellness Membership:

\$30 MONTHLY

CLASSES

\$10 FAMILY ADD ON (PER)

MONTHLY

\$15 CORPERATE MEMBERSHIP

NEO WELLNESS PRE-PAY

\$325 YEARLY

\$600 2 YEARS W/\$100 YEARLY RENEWAL

\$150 YEARLY CORPORATE

EXTRA SPECIALS

\$20 GET FIT

\$15 BASKETBALL

family member's must be over the age of 16*

**Participants under the age of 16 are not permitted inside the fitness center, core fitness room or indoor track. Persons under the age of 16 must be accompanied by an adult/guardian at all times in the basketball gym or pool areas*

By signing this membership agreement, I am in agreement with the following statements:

_ I have read all of the above.

_ All of the information that I have provided is accurate.

My membership fees are non-refundable.

This membership and my physical activity are voluntary.

I understand that my physical activity is not individually supervised.

I understand the risks associated with physical activity.

I give consent to first aid and resuscitative measures by appropriate staff.

I release NEO A&M College and its agents from liability.

Signature _____

Date _____