

MAC

Maintaining Active Citizens
Your Area Agency on Aging
 Dorchester, Somerset, Wicomico, Worcester

APPLICATION FOR MEMBERSHIP
RICHARD A HENSON WELLNESS CENTER
 909 Progress Circle, Salisbury MD 21804
 410-742-0505 ext. 130
 Fax : 410-742-0525
www.macinc.org

Gym Hours: Mon-Thurs 8:30am-6:00pm
Fri- 8:30am- 4:00pm

NAME	FIRST NAME	M.I.	LAST NAME
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ADDRESS		
STREET		
CITY	STATE	ZIP CODE
DAYTIME PHONE	EVENING PHONE	
EMAIL ADDRESS	EMPLOYER	

EMERGENCY CONTACT	NAME	RELATIONSHIP	PHONE NUMBER
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PERSONAL INFORMATION	BIRTHDATE (mm/dd/yyyy)	SEX	RACE (Circle One) WHITE BLACK HISPANIC ASIAN PACIFIC ISLANDER AMERICAN INDIAN ALASKAN
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Military Service
Were you ever in the military? YES:___ NO:___

I HAVE READ, UNDERSTAND, AND AGREE TO ALL OF THE INFORMATION PROVIDED ON THE BACK OF THIS FORM. I ALSO UNDERSTAND AND AGREE THAT THE CONDITIONS OF MEMBERSHIP AND THE ASSUMPTION OF BASIC WAIVER & RELEASE OF ALL CLAIMS ARE IN EFFECT THROUGHOUT THE DURATION OF MY MEMBERSHIP WITH THE RICHARD HENSON HEALTH AND WELLNESS FACILITY OF MAC. LASTLY, I UNDERSTAND AND AGREE THAT IF THE MEMBERSHIP IS INTERRUPTED FOR ANY REASON THESE AGREEMENTS WILL REMAIN IN EFFECT DURING THE PERIOD OF INTERRUPTION AS WELL AS AFTER THE MEMBERSHIP IS REINSTATED.

SIGNATURE _____ **DATE** _____

Health History

REQUIRED

Medications you're currently taking?

Medical Background? [Past & Present] (Surgeries, Injuries, Pain Areas, ETC.)

Have you been to Physical Therapy in the past? If so, for what, and which Physical Therapy practice?

YES NO

Goals you are trying to achieve?

What is your exercise capabilities and status?



MISSION STATEMENT OF MAC INCORPORATED

At MAC (*Maintaining Active Citizens*) Incorporated it is our mission to offer older persons lives of **Independence, Dignity and Choice.**

SCHOLARSHIP POLICY

It is the goal at MAC Incorporated to improve and maintain physical, social and mental wellness services in the active adult communities we serve, regardless of residents’ ability to pay. A waiver or reduction of fees is available subject to facility and program capacity, and demonstrated need, without regard to race, color, nationality, religion, gender, age, or disability.

Initials _____

CONDITIONS OF MEMBERSHIP

All members are required to sign in using our electronic check-in procedure to access and use the wellness facility and programs. Members are **STRICTLY PROHIBITED** from wearing any variety of open toe footwear/sandals/shoes in the gym facility. Members are required to help prevent the spread of germs by wiping down equipment after use by wiping equipment with anti-bacterial wipes provided by the facility. Members should stay home when feeling ill to prevent the spread of germs. Joiner’s fees are non-refundable. As a member of the Richard Henson Health and Wellness Facility of MAC Incorporated you are agreeing to follow the policies, procedures and appropriate behaviors for the safety and comfort of all members and guests.

Initials _____

CANCELLATION POLICY

You can discontinue your monthly draft by giving MAC Incorporated 15 business days notice and returning all membership cards. If payment is not received within 30 days, your membership will be cancelled.

Initials _____

ASSUMPTION OF RISK WAIVER AND OF ALL CLAIMS

I RECOGNIZE AND ACKNOWLEDGE THERE ARE CERTAIN RISKS OF PHYSICAL INJURY TO PARTICIPANTS IN THE ACTIVITIES OF MAC INCORPORATED AND VOLUNTARILY AGREE TO ASSUME FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGES OR LOSS, regardless of severity, that I may sustain from my presence in, upon or about the premises or while using or observing the premises or any facilities or equipment or participating in any program affiliated with the Richard Henson Health and Wellness Facility of MAC Incorporated without respect to location.

I, FOR MYSELF, ANY PERSONAL REPRESENTATIVES, ASSIGNS, HEIRS AND NEXT OF KIN, HEREBY FULLY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the Richard Henson Health and Wellness Facility of MAC Incorporated, their respective officers, directors, Trustees, members, volunteers, employees or agents (the “Releasees”) and each of them from any and all claims for injuries, damages or loss that I may have or which may accrue to me from my presence in upon or about the premises or while using or observing the premises or any facilities or equipment or participating in any program affiliated with the Richard Henson Health and Wellness Facility of MAC Incorporated without respect to location.

I HEARBY AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS the Releasees and each of them from any loss, liability damage or cost they may incur from my presence in, upon or about the premises or while using or observing the premises or any facilities or equipment, or participating in any program affiliated with the Richard Henson Health and Wellness Facility of MAC Incorporated without respect to location, and whether caused by the negligence of the Releasees or otherwise.

Initials _____

PHOTO WAIVER

I understand that my photo may be taken by the Richard Henson Health and Wellness Facility of MAC Incorporated on occasion, and I hereby grant permission for my name and likeness to be used for any legitimate purpose in any media now or hereafter developed by the Richard Henson Health and Wellness Facility of MAC Incorporated.

Initials _____

I have received and reviewed all of the above policies.

Signature _____ **Date** _____

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Physician Release to Participate in an Exercise Program at the Richard Henson Health and Wellness Facility

To: (Physician's Name) _____
(Clinic Address) _____
(City, State, Zip) _____
(Phone) (Fax) _____

From: (Name) _____
(Address) _____
(City, State, Zip) _____
(Phone) (Fax) _____

Re: (Client's Name _____) (Client's DOB _____)

Dr. _____

Your patient, _____, is planning to begin a membership at the Richard Henson Health and Wellness facility at MAC Incorporated. All exercise programs are developed based on the individual's health history, current level of fitness and desired goals. Our fitness instructors hold accredited certifications, as well as CPR and First Aid certifications. We value your input regarding this client's exercise prescription. At this time we are requesting the release of information that you feel would be beneficial to us in developing a safe and effective exercise program. If you know of any medical reasons that would contraindicate or limit this individual's ability to participate, please indicate your concerns. If you have any question, please call us at 410-742-0505.

- I know of no reason why _____ may not participate in an exercise program and fitness testing.
- _____ may participate in an exercise program and fitness testing with the following precautions/limitations: _____

- I recommend that _____ not participate in an exercise program at this time.

COMMENTS/CONCERNS: _____

(Physicians Signature)

(Date)

I hereby consent to the release of pertinent information to _____ for the purpose of providing a safe and effective area for exercise, as well as designing a safe and effective exercise program. I understand that this information will be kept confidential and only persons involved in the design and implementation of my program will be reviewing this information.

(Client's Signature)

(Date)

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Pricing Information for the Richard A Henson Wellness Center

Membership Description	Price
Full access to; Equipment and Core Classes.	\$45.00/Month
Use of EQUIPMENT ONLY . (Classes NOT included)	\$35.00/Month
Core Class Membership. (See attached core class schedule)	\$35.00/Month
Walk in class rate for Group Classes.	\$10.00/Class
Couple's Full Access	\$60/Month
1 Year annual Full Access (one-time fee)	\$486.00

****Core Class Membership DOES NOT include any additional specialty classes with classes not listed in core class schedule****

See attached CORE CLASS SCHEDULE




PERSONAL TRAINING MEMBERSHIP




Monthly Membership: ONLY \$20
**In addition to the purchase of training
sessions**

\$10/ (30 min) session

**(Includes personal use of equipment AND
Core Classes)**



Effective July 1st, 2019
Personal training rates
INCREASE
\$15/ (30 min) session



Core Class Schedule

SPRING 2019

MONDAY

TIME	CLASS	ROOM	INSTRUCTOR
9:00-10:00AM	STRETCH ROM FLEXIBILITY	MAIN FLOOR	ROBBY CHIN NANCY GOMPERS
10:00-11:00AM	YOGA	GXR	ELIZABETH DAWSON
3:00-4:00PM	ENHANCE FITNESS	MAIN FLOOR	ROBBY CHIN

TUESDAY

TIME	CLASS	ROOM	INSTRUCTOR
9-9:30AM	PUMP N TONE	MAIN FLOOR	ROBBY CHIN
9:30-10:30AM	YOGA	GXR	ELIZABETH DAWSON
10:30-11:00AM	PILATES	GXR	ELIZABETH DAWSON
11:00-12:00PM	PARKINSON'S WELLNESS RECOVERY	MAIN FLOOR	ROBBY CHIN
1:00PM-2:00PM	TAI JI QUAN CONTINUING ON	GXR	ROBBY CHIN

***GXR = Group Exercise Room**

Core Class Schedule

Spring 2019

WEDNESDAY

TIME	CLASS	ROOM	INSTRUCTOR
9:00-10:00AM	STRETCH ROM FLEXIBILITY	MAIN FLOOR	ROBBY CHIN NANCY GOMPERS
10:00-10:30AM	PUMP N' TONE	MAIN FLOOR	ROBBY CHIN
11:00-12:00PM	Mobility Moment	GXR	ROBBY CHIN
3:00-4:00PM	ENHANCE FITNESS	MAIN FLOOR	ROBBY CHIN
5:00-5:30PM	Circuit Training	Main Floor	Robby, Patrick, Nancy

THURSDAY

TIME	CLASS	ROOM	INSTRUCTOR
9-9:30AM	PUMP N TONE	MAIN FLOOR	ROBBY CHIN
9:30-10:30AM	YOGA	GXR	ELIZABETH DAWSON
10:30-11:00AM	PILATES	GXR	ELIZABETH DAWSON
11:00-12:00PM	PARKINSON'S WELLNESS RECOVERY	MAIN FLOOR	ROBBY CHIN
1:00PM-2:00PM	TAI JI QUAN CONTINUING ON	GXR	ROBBY CHIN

***GXR = Group Exercise Room**

Core Class Schedule

Spring 2019

FRIDAY

TIME	CLASS	ROOM	INSTRUCTOR
9:00-10:00AM	STRETCH ROM FLEXIBILITY	MAIN FLOOR	ROBBY CHIN NANCY GOMPERS
10:00-10:30AM	PUMP N' TONE	MAIN FLOOR	ROBBY CHIN
11:00-12:00PM	Mobility Moment	GXR	ROBBY CHIN
3:00-4:00PM	ENHANCE FITNESS	MAIN FLOOR	ROBBY CHIN

***GXR = Group Exercise Room**

**DO something TODAY
that your FUTURE SELF
will THANK YOU for...**



Core Class Descriptions

Stretch/ROM & Flexibility: It's time to start your mornings off right! This class is designed to revitalize your mind, body, and soul by preparing you for the long day ahead and also to unwind and release stress at the end of the day. This low impact class focuses on releasing tension in your muscles, stretching and balance.

Enhance Fitness: This class incorporates all aspects of physical fitness; Cardio, Upper body, Lower body, Stretching, Flexibility, and Balance. A full hour of fun, dynamic, cardiovascular exercises, strength training, muscle building, and balance enhancing.

Yoga/ Mobility Moment: These classes are designed to improve range of motion, joint performance, and mind body awareness for individuals interested in improving their level of functional fitness.

Pump and Tone: Focuses on low weight loads and high repetition movements. You will burn fat, gain strength, and quickly produce lean body muscle.

Tai Ji Quan: is an evidence-based fall prevention program for older adults. The program is delivered in two 1-hour sessions each week for 12 weeks. Each session consists of warm-up exercises; core practices, which include a mix of practice of forms, variations of forms, and mini-therapeutic movements; and brief cool-down exercises.

Parkinson's Wellness Group: During this class time, both Health and Wellness Coordinators will be working in the gym with the Parkinson's Wellness Group, and will be unavailable for personal training sessions. If you have questions about the Parkinson's Wellness Group and would like more information, please contact the Lower Shore Parkinson's Support Group at (410) 749-8511.

Circuit Training: is a form of body conditioning or Endurance/resistance training using relative high-intensity aerobic and strength building exercises. Stations are set up with a wide variety of exercises targeting different muscle groups while maintaining a high tempo workout. An exercise "circuit" is one completion of all prescribed exercises in the program which will contain modifications for a range of fitness levels. A GREAT FULL BODY 30 MINUTE CLASS!!