



Cornell University

Cornell University Wellness Program
303 Helen Newman Hall
Ithaca, NY 14853
Phone 607-255-3703
Fax 607-254-2755

Cornell University Wellness Program Application

Form with fields: Cornell University ID Number, Today's Date, Name, Department, Work Address, Work Phone, Email Address, Home Address, Home Phone, and checkboxes for Male, Female, Other.

Status (check one)

- Staff, Retiree, Other, Faculty, Affiliate, Emeritus Faculty, Spouse/Partner, Retiree Spouse/Partner

Membership Type

- 1-Year Wellness Membership (\$175 will be prorated through June 30 fiscal year), 1-Year Group Fitness Class Pass, 4-Month Membership, Cornell Program for Healthy Living/Aetna

Privilege Card Information

Your pink privilege card allows you to get a Day Bag (containing athletic attire) and/or towel at either the Helen Newman or Teagle issue rooms, borrow athletic equipment, and have access to the pools during open lap swim times and Wellness-only lap swim times.

Starting Options (not included with group fitness class pass)

Meetings with the Wellness staff are encouraged. Please indicate your choice for your first interaction. We will call/email you to set up an appointment.

- I will get started on my own with the understanding that I may request any of the appointments listed below at any time during my membership, Fitness consultation with a personal trainer, Orientation to strength training and/or cardio equipment in a fitness center, Nutrition counseling with a registered dietitian

For Office Use: CS Gold, Pink Card, Payroll Deduction, CPHL, Check, Credit Card

Basket and Lockers

Day use lockers are available to members in the men's and women's locker rooms. You can bring a personal lock for such use, however it may only be used while you are using the facility.

Small baskets with lock are available at no charge to for full year Wellness memberships only upon request. **To request a basket** contact the Wellness Program at wellness@cornell.edu.

Academic year locker rental is also available at Helen Newman Hall and Teagle Hall: half lockers \$30/year or whole lockers \$50/year. **To rent a locker**, contact Brian Allis at ba23@cornell.edu.

Payment Information

_____ **Payroll Deduction** (For \$175 membership, available to CU employees only)

I, the undersigned, voluntarily request that Cornell deduct the Wellness fee from my wages throughout my continued membership. I understand payroll deduction is an optional payment plan and does not affect my obligation to pay the entire amount.

Signature: _____ Date: _____

_____ **Cornell Program for Healthy Living/Aetna Insurance Plan (no charge to member)**

_____ **Credit Card or Check** Please contact our main office in Helen Newman Hall, either in person or by phone at 255-5133 with payment information. Your membership will not be activated until you have contacted us.

Scholarships

_____ **I would like to request a scholarship form**

Note: A limited number of reduced fee scholarships are available based on gross family income and need. Scholarship forms are available by request or on the Wellness website.

Membership Terms and Consent

- Memberships run from July 1 through June 30 annually. New members starting mid-cycle will have the fee prorated accordingly. Renewals are automatic.
- I do hereby agree to abide by the policies and procedures of the Cornell Fitness Centers and the CU Wellness Program. The Cornell University Wellness Program reserves the right to revoke any membership at any time. In this case, unused membership fees will be refunded.
- Payroll deduction will spread out payments that add up to the yearly goal amount according to the individual's pay schedule starting July 1 of each year. Deductions are \$7.29 per pay period for a 24 paycheck cycle and \$6.73 per pay period for a 26 paycheck cycle.
- All members will have the opportunity to cancel their memberships prior to July 1 automatic renewal. You may request to *discontinue* your membership between May 15 and June 1 of each year.
- **1-year memberships are non refundable unless member leaves Cornell or provides a medical note.**
- Lack of participation does not eliminate the responsibility for payment.
- Other circumstances that require cancellation must be approved by the Wellness Director, and will be subject to a \$30 cancellation fee.
- I understand that Cornell University makes no assurances, implied or otherwise, that the program will completely or accurately assess my health status, as this field is not always an exact science. In addition, I agree on behalf of myself, my assigns, executors, and heirs, to release, hold harmless, and indemnify Cornell University, its Trustees, Officers, Agents, and employees from any and all liability, damage, claim or loss of any nature whatsoever arising out of or in anyway related to my participation in the Wellness Program except those things due to the sole and active negligence of Cornell University.

By signing, I agree to the terms of the Wellness policies above for the duration of my membership.

Signature: _____ Date: _____

Cornell University Health History Intake Form

Name:		Date of birth:
Physician Name:		Physician phone:
Emergency Contact:	Contact's Phone:	Relation To You:

Check all statements that are true.

You Have Had:

- A heart attack
- Heart surgery (including bypass -CABG)
- Cardiac catheterization or angiogram
- Coronary angioplasty/stent placement
- Pacemaker/cardiac defibrillator
- Irregular heart rhythm
- Heart valve disease
- Heart failure
- Heart transplant
- Congenital heart disease
- Lung disease/uncontrolled asthma

Other Considerations:

- You have seen a physical therapist this year.*
- You have muscle pain or weakness.*
- You have a stiff neck.*
- You have back problems.*
- You have joint pain/problems.*
- You take herbal supplements.*
- You take prescription medications.*
- You take heart medications *
- You are, or may be pregnant.

*** If you checked any items above, please explain:**

Symptoms

- You experience chest discomfort with or without exertion.
- You experience dizziness, fainting, blackouts.
- You have breathing problems, asthma, or unreasonable breathlessness.

Cardiovascular Risk Factors

- You are a man older than 45.
- You are a woman older than 55, you have had a total hysterectomy, or you are postmenopausal.
- You smoke.
- Your blood pressure is greater than 140/90.
- You take blood pressure medication.
- You don't know your blood pressure.
- Your blood cholesterol level is greater than 200 mg/dl.
- You take cholesterol medication.
- You don't know your cholesterol level.
- Your close relative had a heart attack before age 55 (father /brother) or age 65 (mother/sister).
- You are diabetic or take medicine to control your blood sugar.
- You are physically inactive.
- You are more than 50 pounds overweight.

Signing below ensures that information is accurate to the best of your knowledge and allows the Wellness Program to fax a medical clearance, if needed, with above information to your physician.

Signed:

Date:

Adapted from American Heart Association and American College of Sports Medicine guidelines.

Status:

Reviewed By: