

Beaumont Health and Fitness Center REGISTRATION FORM

Please select one

TRIAL NEW MEMBER DAILYFIT BEAUMONT EMPLOYEE WEIGHT CONTROL PATIENT

Name: _____ Date of Birth: ____/____/____

Address: _____ City: _____ State: _____ ZIP: _____

Primary Phone: _____ Secondary Phone: _____

Email Address: _____

Emergency Contact: _____ Phone: _____

HOW DID YOU HEAR ABOUT THE BEAUMONT HEALTH AND FITNESS CENTER?

Physical Therapy Referral from _____ Physician Referral from _____
 Friend/Family (name) _____ Community Event: _____
 A-Frame sign in front of building Flyer Website

WEIGHT ROOM ORIENTATION

YES: I, plan to use the cardio and strength training machines during my workout routine. A *mandatory* weight room orientation will be scheduled at the time of initial registration.

NO: I am not interested in using the cardio and strength training equipment in my workout.

End of registration – Below this line is for staff only

PAYMENT PLAN OPTIONS

SELECT ONE

Enrollment Fee \$40 Enrollment Fee Waived w/ BestFIT Enrollment Fee Waived _____

SELECT ONE

Trial \$10/2 weeks DailyFIT \$10 Punch Card 7/\$49 BestFIT \$399
 6-MonthFIT \$228 MonthlyFIT \$47 Beaumont Employee MonthlyFIT \$35
 AutoFIT \$38/month 1st of the month 15th of the month

COMPLETE

Total Amount Due: \$ _____

Type of Payment: Cash Credit Card Check # _____

**Beaumont Health and Fitness Center
Inside Beaumont Medical Center**

25631 Little Mack Ave. | St. Clair Shores, MI 48081
Phone: 586-447-8080 | beaumont.org/fitness-center-scs