



Fitness Club Enrollment Form

UCare ID Number		
Name (Exactly as it appears on your UCare member ID card)		
First	Last	MI
Date of Birth (Required)	Daytime Phone	
Street Address		Suite/Apt.
City	State	ZIP

Member Initials

- I understand that there is a limit of one, maximum \$20 monthly credit per member. I also understand my workout must happen inside the facility and/or within the facility's supervised programming.
- I understand the reimbursements issued cannot exceed the total monthly membership for the month the credit is applied.
- I understand there will be a period of time between the completed month and the applied credit. Example: work out in January, verified in February, credit applied to account by the end of March.
- I understand that canceling my membership will result in forfeiture of any unapplied credits.
- I understand that I may have a visit requirement and it is my responsibility to ensure my visit is recorded at the time of my workout.

Signature _____

Date ____/____/____