



ANDERSON

Health & Fitness Center

A Special Offer for Oncology Patients

As a part of your treatment at Anderson Regional Cancer Center, we are providing you with a complimentary membership to Anderson Health & Fitness Center.

This special membership is valid during or after your treatment at the Cancer Center (for a maximum of 12 weeks) and will give you full membership privileges at the Health & Fitness Center, including:

- Cardiovascular Area
- Strength & Conditioning
- Group Exercise
- Basketball Court
- Personal Training *(additional fee)*
- Indoor Track
- Spacious Locker Rooms
- Child Care *(additional fee)*
- Racquetball Court

Get Started Today!

To get started, call Matt Espey, Clinical Coordinator, at 601.553.6622, or Mallory Jordan at 601.553.6706 for more information, or simply get with your physician to fill out the form on the back of this card. Please return the form to the front desk of the Health & Fitness Center, located at 2000 15th Street.

Note: There may be membership restrictions as a result of your condition or treatment plan. Approval from your physician is required.



www.andersonregional.org



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Oncology Patient Complimentary Membership Eligibility Form

This section to be filled out by your physician.

Patient Name: _____

is authorized to a membership at Anderson Health & Fitness Center for up to 12 weeks during or after his/her treatment.

Yes No With restrictions

Duration of Care (weeks): _____

(Note: Maximum complimentary membership is 12 weeks)

Comments/Patient Restrictions:

Physician Signature: _____

Date: _____

The information below will be kept confidential and only used by Fitness Center staff.

Patient Information

Name: _____

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact: _____

Phone: _____

Participation Waiver Signed

I understand the membership restriction(s) listed by my referring physician.

Signature: _____

Date: _____

Driver/Spouse Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

To Be Filled Out By Fitness Center Staff

Membership Start Date: _____

Membership Expiration Date: _____

Staff Signature: _____

Date: _____