



ANDERSON

Health & Fitness Center

#BeAndersonFit

A Special Offer for Rehabilitation Patients

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

This special membership is valid for the duration of your treatment at our facility (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
- Nutritional Counseling
(additional fee)

Get Started Today!

To get started, call 601.553.6622 for more information, or simply get with your therapist or nurse 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, injury or treatment plan. Approval from your physical therapist or nurse is required.



AndersonRegional.org



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Complimentary Rehabilitation Membership Eligibility Form

This section to be filled out by your physical therapist or nurse.

Patient Name: _____

is authorized to use a membership at Anderson Health & Fitness Center for up to 12 weeks of his/her rehabilitation therapy.

Yes No With restrictions

Duration of Care (weeks): _____

(Note: Maximum complimentary membership is 12 weeks)

Comments/Patient Restrictions:

Therapist/Nurse 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 therapist or nurse.

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: _____