

TriHealth



Fitness & Health

Pavilion

TRIHEALTH EMPLOYEE PAVILION MEMBER DISCOUNT APPLICATION

(Please print information)

Name _____ Employee # _____

Address _____

City _____ State _____ Zip _____

Phone: Day _____ Evening _____ Cell _____

Email address _____

Are you currently a member of a health club? _____ Yes _____ No

If so, which health club? _____

* No other offers or discounts apply, including paid in advance option.

Note: TriHealth employee membership requires a one-time \$30 registration fee.

I understand that to maintain eligibility in this membership discount program at the TriHealth Fitness & Health Pavilion, I must meet certain requirements including: 1) completion of a health history form, 2) completion of a pre- and post-assessment with the fitness staff 3) complete 18 workouts (6 per month) each quarter **, and 4) remain a TriHealth employee. If I fail to meet any of these requirements my membership discount will be revoked and I must pay the regular TriHealth membership dues if I wish to continue my membership. Should this happen, I understand that I can reapply for the subsidy program and be placed on the waiting list for eligibility.

***Attendance is monitored and verified with the Pavilion's member management software.*

Employee Signature _____ Date _____

Received by (Staff): _____ Time: _____ Date: _____

Employee confirmation: _____ Time: _____ Date: _____