

Cary Grossman Health & Wellness Center

Membership Freeze Form

Check one: GENERAL FREEZE () OR MEDICAL DISABILITY FREEZE - DOCTORS NOTE ATTACHED () Please INITIAL each line below: **Membership Freeze Policy:** _____ Memberships may be frozen, at any time and for any reason, by completing the Membership Freeze Form, and turned in one (1) week prior to the membership freeze date. Freeze start and end dates must fall on the member's billing cycle dates (1st or 15th of the month). ____ A Member shall have the right to freeze a membership once per twelve month period for a minimum of one (1) month. A Member must be in good standing and current with membership dues at the time of request. During the membership freeze period no dues will be collected. If applicable, memberships will be reactivated automatically at the end of your freeze period. A freeze request cannot be retroactive. **Medical Disability Freeze:** ____ You must complete a Membership Freeze form as well as submit written verification from your physician stating that your medical disability will prevent you from using the Fitness Center. The term for a medical freeze is two (2), three (3), four (4), five (5) or six (6) consecutive months within a twelve (12) month period. Jupiter Medical Center reserves the right at its sole discretion, to require medical clearance prior to allowing member to return from a medical disability freeze or to deny re-entry for any member may be suspected (for any reason) of having a medical condition deemed by Jupiter Medical Center to be detrimental to the safety, health or wellbeing to the his/herself or any other Member or Guest. A freeze request cannot be retroactive. Main Account Member Name: _____

If you have not participated for over a year and/or have had medical changes in your health, a medical clearance from your physician is necessary prior to resuming your participation.

Staff Signature ______ Date____/_____