



# Registration Form

Please print legibly. Call (608) 263-7936 if you have questions.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_

Have you previously taken a class with us? (Circle one) Yes No

Class \_\_\_\_\_ Date \_\_\_\_\_

List Class and Time	Fee
_____	\$ _____
_____	\$ _____
_____	\$ _____
	Total Fee \$ _____

Check any of the following that apply. Please include employee and/or member number(s).

- Fitness Center Member
- Unity Health Insurance Member # \_\_\_\_\_
- GHC Member # \_\_\_\_\_
- UWHC Employee # \_\_\_\_\_

## Fee Discounts

- Members of the UW Health Fitness Center receive a **50% discount** on most class fees.
- The UW Sports Medicine Center offers discounts to Unity Health Plans, Group Health Cooperative members and UWHC employees for most classes. You must present your HMO membership number at registration to be eligible for the discount. Contact your HMO for other possible discounts.
- A scholarship fund may be available for those with low income. Call **(608) 263-7936** for more information.

Discounts apply to most classes. See class description and/or the class timetable for exceptions. Only one discount may be applied toward fees.

## Observe A Class

Not sure if a class is right for you? No problem! Call ahead and arrange to observe a class. You'll see first hand what the class is all about and who is participating in it. We're confident that you'll see many people **just like you** having fun and getting fit!

**F A X**  
**263-2215**  
 Attn: **Classes**

FAX, mail or deliver completed form to:

621 Science Drive  
 Madison, WI 53711  
 (608) 263-7936