



# UCan! UCare Activity Network

## PARTICIPATION FORM

UCare I.D.# 000 \_\_\_\_\_ (11 digits total)  
 Name (exactly as it appears on the *UCare for Seniors* member card)  
 First \_\_\_\_\_ Last \_\_\_\_\_ MI \_\_\_\_\_  
 Date of Birth (required) \_\_\_\_\_/\_\_\_\_\_/19\_\_\_\_\_  
 Street Address \_\_\_\_\_ Suite/  
 Apt. \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Daytime  
 Phone \_\_\_\_\_

**Second participating adult** (*Only if this UCare for Seniors member shares a dual/family club membership with the member listed above*)

UCare I.D.# 000 \_\_\_\_\_ (11 digits total)  
 Name (exactly as it appears on the *UCare for Seniors* member card)  
 First \_\_\_\_\_ Last \_\_\_\_\_ MI \_\_\_\_\_  
 Date of Birth (required) \_\_\_\_\_/\_\_\_\_\_/19\_\_\_\_\_  
 Daytime Phone \_\_\_\_\_

**UCare members:** *Indicate that you understand and agree to the following statements by initialing each line below*

- \_\_\_\_\_ A. I understand that each UCare for Seniors member must visit a participating health club and work out eight (8) times per calendar month to receive the \$20 reduction in monthly club/fitness center membership fees. Limit one \$20 monthly dues reduction per member meeting attendance criteria.
- \_\_\_\_\_ B. I understand the reduction issued cannot exceed the total monthly membership for the month in which the reduction is applied.
- \_\_\_\_\_ C. **I understand there will be about a two-month period between the completed month of attendance and the applied dues reduction; e.g., work out eight times in February; this is verified and process in March; and the reduced monthly fee is applied in April.**
- \_\_\_\_\_ D. I understand that canceling my health club membership will result in forfeiture of any unapplied dues reductions.
- \_\_\_\_\_ E. I understand that it is each member's responsibility to ensure that his or her visit is recorded by the club at the time of the club visit.

**Signature** \_\_\_\_\_

<b>Fitness Center use only:</b>	
Date _____/_____/_____ Club member since date _____/_____/_____	
Fitness Center name _____ Club # _____	
UFS member UCare I.D. # (#1) <u>000</u> _____ Average monthly dues _____	
UFA member UCare I.D. # (#2) <u>000</u> _____ Average monthly dues _____	