Salem Tennis and Swim Club Wellness Center

Wellness Sheet

Only certain types of visits are allowed under certain Oregon state mandates. Please select from the list below that describes your use of the club. Select as many that apply. This form must be filled out at the club before you will be given access.

{ } Increase Cardiopulmonary Wellness

{ } Increase Flexibility

{ } Increase Muscle Tone

{ } Improve Balance

{ } Weight Loss

{ } Improve Mental Well Being

**DO NOT email this form it will not be accepted and permanently deleted.**

By signing this form, I am agreeing to follow social distancing rules of 6 feet or greater and wearing a mask per Oregon State guidelines.

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_