

Wellness Center
Registration and
Medical Release Form

Have your physician complete this form, then bring it with you when you join the Wellness Center.

Name:

Phone:

Has my recommendation to participate in:

Any type of exercise

Aquatic exercise in a 93-degree pool

Gymnasium sports

Fitness Classes

Stationary bicycles

Strength equipment

Rowing

Treadmill

Prenatal exercise class

Free weights

Medical Limitations:

Physician's signature: _____

Date: _____

Physician's phone number: _____

To enroll, contact:

Mercy Wellness Center
Mercy Medical Center-Des Moines
1111 6th Avenue
Des Moines, Iowa 50314
(515) 247-3066 (Phone)
(515) 643-8733 (Fax)