

MFit Weight Management Program Registration Form

Step 1: Personal information Today's date: _____ Part. #: _____

Name: _____
Last First Middle initial

Home Street Address: _____

City and Zip: _____ Home Phone: (____) _____

Daytime/Work Phone: (____) _____ Email Address: _____

No, I do not want to receive weekly motivational e-mails during the program.

How heard about program? _____

Were you on our waiting list? _____

UM employee UMHS employee Other

Step 2: Choose program group in Ann Arbor (circle one)

Wolverine Towers, Suite G18 North Campus Admin. Complex, Conf. Rm. A
3003 State St. 2901 Hubbard
Mondays 5:30P-6:30P Wednesdays 5:30P-6:30P

Step 3: Payment

****Any discounts will be applied after registration****

Payroll Deduction (UM employees only)

Total Payroll deduction amount: \$

Number of deductions for employees paid **monthly**

One deduction (\$275) (82) Three deductions (3 x \$100 = \$300) (83)

Number of deductions for employees paid **bi-weekly**

One deduction (\$275) (82) Six deductions (6 x \$50 = \$300) (83)

UM Employee ID#: _____

I authorize the above action to be taken for my deduction and agree to its remittance in accordance with schedules established by the University of Michigan. I realize that this Authorization must be in the Payroll Office at least ten (10) days prior to the effective pay date.

Signature: _____ Date: _____

Check: One payment of \$275 (82)

(Written out to University of Michigan)

Credit: One payment of \$275 (82) ****** 3 payments of \$100 (83)

VISA MC DISC

1st payment 2nd payment 3rd payment (for office use only)

Credit Card # _____ Expiration Date: _____

SIGNATURE: _____

****Please sign for payment plan option:** I agree to pay a total of \$ _____ for the MFit Weight Management Program in 3 payments. Signature: _____ Date: _____

Step 4: Mail or drop off completed form to:

MFit Weight Management Program, MFit Health Promotion,
2850 South Industrial, Suite 600, Ann Arbor, MI 48104 (campus box #6773)
phone: (734) 975-3024 fax: (734) 975-3012
(over)

MFit Weight Management Program

Guidelines and Policies

Eligibility

- Clients will be required to complete the proper health history documentation prior to participating in the program. If these documents are not completed by the start of the initial nutrition consultation, the time required to do so will be included in that session.
- Client's safety and well-being is our primary concern. If one or more medical risk factors are identified during the initial consultations, physician's approval for participation in the MFit Weight Management Program will be requested.

Individual Consultations

- Five individual consultations will be scheduled with a Registered Dietitian and with a Health and Fitness Specialist. The first 2 will be completed before the group sessions begin. The mid-consultation will be scheduled during weeks 6 and 7 of the group sessions. The next 2 consultations must be completed within one month of the final group session. MFit will contact the client at 6 months and 12 months to set up follow-up consultations.
- MFit will provide multiple dates and times to schedule individual consultations.

Group Sessions

- The group sessions are designed to provide the latest information for developing healthy eating and physical activity habits through experiential learning and group support. It is extremely important to attend all group sessions to receive the full benefit of the program.
- If necessary, clients may request to attend another group location if they are unable to make their regularly scheduled weekly group. This request may be denied if the room does not allow for additional clients to join that group.
- If clients must miss a group session, MFit staff will be available to answer questions about that session.

Stepcounter

- Clients may return their step counter at any time during the program for a new one if the original one is not working properly.

Cancellations

Client success in the MFit Weight Management Program is very dependent on program enrollment and participation. To maximize your success and the success of all program clients the following cancellation policy applies:

Before 1 st initial consultation appointments	\$50 withdrawal fee will be charged
After initial consultation appointments, before attending 1 st group session	\$175.00 refund of program fee*
After 1 st group session	No refund*

*Rain Check: In rare cases, and before the mid consultation appointment, a rain check may be issued upon receipt of a physician's note documenting the participant's inability to continue the program. Rain checks expire one year from the initial program start date; a re-enrollment fee of \$125.00 will apply.

I have read, understand and agree to the terms and conditions set forth in this document.

Client Signature

Date

