

# Brock-Niagara Centre for Health & Well-Being

## Contact Information

1) Name:

2) Gender

Male

Female

3) Telephone Number:

4) Email Address:

I would like to receive Centre emails.  YES  NO

5) Birthdate (YYYY/MM/DD):

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Year) (Month) (Day)

6) Current Address:

Street: \_\_\_\_\_ Apt.# \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

## Emergency Contact Information

Emergency Contact #1:

7) Name:

8) Gender

Male

Female

9) Telephone Number:

# Brock-Niagara Centre for Health & Well-Being

Emergency Contact #2:
10) Name:
11) Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
12) Telephone Number:
<b>Medical Information</b>
13) Family Doctor:  Neurologist/Neurosurgeon:
14) Reason for Referral: <b>Type of injury:</b> <b>Area of injury:</b>
15) Do you have any other physical / health problems that may hinder exercise? If yes, please list them.
<b>Program Information</b>
16) How did you hear about the Brock-Niagara Centre for Health and Well-Being?

# Brock-Niagara Centre for Health & Well-Being

17) What do you personally hope to achieve by joining the Centre for Health and Well-Being?  i)  ii)  iii)
18) Program Cost \$39.55 per month  Cheques made payable to Brock University

Brock University protects your privacy and your personal information. The personal information requested is collected under the authority of The Brock University Act, 1964, and in accordance with the Freedom of Information and Protection of Privacy Act (FIPPA). The information will be used for membership and communication purposes. Some of your data may reside in foreign jurisdictions in which case the data will be subject to the laws of those jurisdictions, including the USA PATRIOT Act. Direct any questions about this collection to the coordinator, of the Brock-Niagara Centre for Health and Well-Being at Brock University at (905) 688-5550, ext. 5589 or see [www.brocku.ca/health-well-being](http://www.brocku.ca/health-well-being).