



Oak Grove Lutheran School's

# ELLIG CENTER FOR HEALTH & WELLNESS

## MEMBERSHIP PAYMENT PLAN OPTIONS

Please read and complete the following form and return to the Ellig Center for Health & Wellness (Ellig Center) front desk. **As of March 1, 2009, all non-Oak Grove students using the Ellig Center need to apply for membership.**

Memberships to the Ellig Center cost \$20 per month per person. Members have the following payment options:

1. **MONTHLY PAYMENT:** A \$20 per month fee paid to Oak Grove Lutheran School. If selecting this option, please make your check payable Oak Grove Lutheran School (please do not send cash) and mail it to:  
     Oak Grove Lutheran School, Attn: John Whartnaby  
     124 North Terrace  
     Fargo, ND 58102
2. **INSURANCE COMPANY REIMBURSEMENT:** The Ellig Wellness Center is a certified NIHCA facility. Many insurance companies have reimbursement programs for members who participate in workouts at a NIHCA facility. Contact your Human Resource Department or speak to Mr. Whartnaby, Oak Grove's Health & Wellness Coordinator, to see if your plan qualifies. Most plans require 12 visits to the facility per month in order to qualify for the \$20 per month reimbursement program. This will be tracked at the front desk when you check in each time you come to work out. There are no required exercises or physical tests, just 12 visits per month.
3. **SHIFT WORK:** Individuals may obtain membership by working one shift of adult supervision in the Ellig Center per month. Supervisors are not expected to provide instruction in the equipment, but rather provide an adult presence. Shifts last between two to three hours. Shift schedules can be found at [oakgrovelutheran.com/elligcenter](http://oakgrovelutheran.com/elligcenter). If interested in this option, e-mail Mr. Whartnaby with the day and time of the shift you would like to work.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

*Please indicate which the membership payment method you desire.*

\_\_\_\_\_ I wish to join by paying the \$20 per month fee to Oak Grove.

\_\_\_\_\_ I wish to join through my insurance company's reimbursement program. Please send me the required paperwork.

My insurance carrier is: \_\_\_\_\_

\_\_\_\_\_ I wish to join by working in the center.

\_\_\_\_\_ I would like to set up a time to learn the equipment.

\_\_\_\_\_ I have some additional questions, please have Mr. Whartnaby contact me.

### Liability Release Statement

"I understand there are inherent risks associated with my use of Oak Grove Lutheran School's Ellig Center for Health & Wellness. I hereby agree to release and discharge Oak Grove Lutheran School and its affiliated companies and organizations, and its officers, owners, partners, directors, agents and employees, from all actions, suits and demands whatsoever in law or in equity, including but not limited to, those relating to injury or the risk of loss of personal property by theft or otherwise, in the Ellig Center."

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For more information, contact:** Mr. John Whartnaby, Director of Health & Wellness, 701.365.4125 or [john.whartnaby@oakgrovelutheran.com](mailto:john.whartnaby@oakgrovelutheran.com)