



**REGIONAL THERAPY CENTER**  
A SERVICE OF SARATOGA HOSPITAL

**Health & Fitness Gym**  
6 Care Lane  
Saratoga Springs, NY 12866  
518-583-8383

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

Member option: \_\_\_ ATC by Visit \_\_\_ Month to month (\$45) \_\_\_ Month to month autopay (\$40)  
\_\_\_ 6 mo (\$210) \_\_\_ 3 mo (\$110) Exp Date: \_\_\_\_\_

***Welcome!***

Thank you for considering membership in the ***Regional Therapy Center (RTC) Health and Fitness Gym***. We hope you choose to join and make a commitment to your health and well-being. Our staff is committed to help you set and achieve attainable goals.

Inside this packet you will find the necessary paperwork to join. If you have completed a RTC rehabilitation program (Cardiac or Pulmonary Rehabilitation, or PT, OT or Speech) within the last year, you must also have your doctor sign the After Therapy Club Clearance form indicating that you do not need to be monitored or supervised while exercising.

Please complete and return all forms to the Regional Therapy Center staff. Should you have any questions, please give us a call or stop in.

We are delighted to accept FitBlue participants, a program provided by BlueShield of Northeastern New York.

Also, please note, members must be 18 years or older.

***Forms enclosed are:***

- ✧ Member Information
- ✧ Waiver of Liability
- ✧ Membership and Payment Options
- ✧ Automatic Payment Request and Authorization
- ✧ After Therapy Club Physician Clearance Form (for After Therapy Club members only)
- ✧ General Information and Rules

***Thank you!***