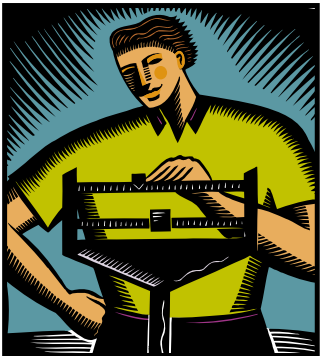


# Registration Form





## Member Information

Name (First, Last): \_\_\_\_\_

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

City, State and Zip: \_\_\_\_\_

Social Security # or Personnel ID # (FPL Employees): \_\_\_\_\_

Birthdate: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Membership Type (Please check one):

Employee

Spouse

Dependant

Retiree

Retiree Spouse



## Employee Information

Employee Name (First, Last): \_\_\_\_\_

Employee Personnel ID: \_\_\_\_\_

Company (Please check one):  FPL  FPL-E  FiberNet

Job Category (Please check one):

Bargaining

Non-bargaining

Contractor

Executive

Co-op student

Part-time

Business Unit (please check one):

Corporate Communications  Human Resources/Corporate Services  Financial

General Counsel

Government Affairs

Information Management

Internal Auditing

Nuclear Division

Power Generation

Power Systems

Regulatory Affairs

Resource Assessment Planning



## Payroll Deduction

Please check one:

New Deduction

Change on Existing Deduction

Please check one:

Employee \$5.00

Employee +2 \$15.00

Employee +1 \$10.00

Employee +3 \$20.00

I hereby authorize you to deduct the amount from my paycheck bi-weekly. If I am changing my deductions, the new deductions will replace the existing deduction.

FPL Employee

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

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



## Health History Questionnaire

This form is intended to obtain relevant information about your health that will assist the FPL-WELL staff in helping you with your fitness goals. Please answer all the questions to the best of your knowledge. All information will remain completely confidential. If you have any risk factors, you will need a medical clearance from your physician prior to participating.

### Yes No Major Risk Factor of Heart Disease

- Do you exercise less than three times a week (over last 12 weeks)?
- Has a doctor ever told you that you have high blood pressure?
- Do you have high cholesterol?
- Has there been any heart disease in your immediate family?  
(father or brother less than 55 years old, other or sister less than 65 years old)
- Has your blood pressure been checked recently and is it within normal limits?

### Yes No Diagnosed Diseases

- Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
- Do you have diabetes?
- Do you have breathing problems (e.g. asthma, emphysema)?

### Yes No Symptoms or Signs Sometimes Associated with Heart of Lung Disease

- Do you feel pain in your chest with or without physical activity?
- In the past month, have you had pain in your neck, jaw, arms, or upper back?
- Do you have any unusual fatigue or shortness of breath at rest or with mild exertion?
- Do you lose your balance because of dizziness or do you ever lose consciousness?
- Do you have difficulty in breathing when you lay down?
- Do your ankles swell?
- Have you experienced any fast or skipped heart beats?
- Have you had any cramp-like pain in your legs that develops with activity?
- Do you have a known heart murmur?

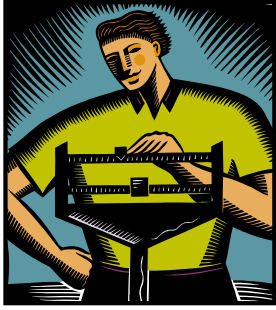
### Yes No Additional Pertinent Questions

- Are you pregnant?
- Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
- Are you taking any medication? What kind? Please list any medications:

- 
- Do you have a bone or joint problem that could be made worse by physical activity?
  - Do you know of any other reasons why you should not participate in any physical activity?
  - Are you over age 65 and not accustomed to vigorous exercise?

**How did you learn of the FPL-WELL program?**

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## Informed Consent

I understand that, as a participant who is to be evaluated and/or given an exercise program, I will be asked to undertake physical evaluations designed to measure: (1) flexibility; (2) muscular strength and endurance; (3) body composition and (4) changes in heart rate and blood pressure before, during and after treadmill walking exercise. I understand that the screening will be conducted by, or under the supervision of a degreed and/or American College of Sports Medicine certified health/fitness professional representing FPL-WELL Fitness Center.

I am aware that the physical evaluation stated above is for the purposes of (1) designing a personal exercise program and/or (2) providing information on conditioning levels compared to norms. I understand that such evaluations are not intended to replace medical screening that I may require, and that FPL-WELL Fitness Center has not concluded that the exercise program is medically appropriate for me. I understand that it is my responsibility to consult with my physician regarding my fitness program participation.

I understand that I may be questioned by the FPL-WELL Fitness Center staff about my health status, and I agree to provide information relating to all medications, treatments, physical impediments, and medical conditions before participating. I certify that the information I provide to the FPL-WELL Fitness Center's staff about my health and exercise history and current health status is, to the best of my knowledge, complete and accurate. I agree to inform the FPL-WELL Fitness Center's staff in the event of any change in my health or medical status.

I realize it is generally recommended that all adults consult with a physician before starting a physical activity program. I further understand that the FPL-WELL Fitness Center staff may, based upon my responses to the pre-evaluation health history form, require that I consult with and obtain recommendations from a physician before participating in the evaluation or engaging in other exercise activity. I understand I may obtain from the FPL-WELL Fitness Center's staff a "Medical Clearance" form, on which my Physician's recommendations can be documented and which should be submitted to the FPL-WELL Fitness Center's staff before my evaluation. I acknowledge and agree that if I do not accurately and completely communicate my physician's recommendations to the FPL-WELL Fitness Center's staff, I take full and entire responsibility for that decision and for any outcomes related to that decision.

I understand that the information obtained from the evaluation and through other program activities will be treated by the FPL-WELL Fitness Center's staff as confidential and will not be revealed or released to any other person, except authorized personnel for the FPL-WELL Fitness Center, without my written consent. If I become ill or injured while participating in the FPL-WELL Fitness Center and require emergency service assistance, I authorize disclosure of my health and medical information on file to the attending emergency assistance personnel. The information, however, may be used for statistical analysis, without naming or in any way attributing this information to a specific individual.

I understand that there are possibilities of injury or other complications, including but not limited to musculoskeletal injuries, cardiovascular trauma, neurological impairment, heart attack and even death, which may occur during such evaluations, while completing a recommended exercise program, while otherwise using the FPL-WELL Fitness Center, or while participating in any fitness and wellness program activities, at and away from the FPL-WELL Fitness Center. I voluntarily agree to submit to such evaluation procedures and to assume all risks associated with my participation in the fitness and wellness programs and my use of the facilities and equipment made available to me. I understand and acknowledge that it is my responsibility to exercise prudently and not to exceed the guidelines established for me on my exercise program card and in other program materials.

I understand that use of the FPL-WELL Fitness Center, its facilities and equipment, and participation in fitness and wellness program activities is strictly voluntary and not a requirement for employment, and that I may discontinue my participation at any time. I further understand that FPL (the "Company") may revoke my privileges to use the FPL-WELL Fitness Center at any time, at its sole discretion. I agree to be bound and obey all the rules of the Company and FPL-WELL Fitness Center and its staff in my use of the facilities and equipment, and in my participation in the fitness and wellness program activities.

**Signature:** \_\_\_\_\_ **Print:** \_\_\_\_\_



## Release of Liability

In consideration of being allowed to use FPL-WELL Fitness Center facilities and equipment, and being allowed to participate in fitness and wellness program activities, I hereby release, defend, indemnify and hold harmless FPL (the "Company"), FPL-WELL Fitness Center, and their directors, officers, employees, agents, successors and assigns from any and all claims, demands, actions, or causes of action whatsoever, and from any and all liability for any loss or property damage or personal injury of any kind, nature, or description, including death, that may arise or be sustained by me, during or related to my participation in the fitness and wellness programs and use or intended use of FPL-WELL Fitness Center facilities or equipment.

I represent that I have read and understood this Informed Consent and Release of Liability and acknowledge that this release is being relied on by the Company (and, if different, my employer), and FPL-WELL Fitness Center, in permitting me to participate in an exercise program and sue the FPL-WELL Fitness Center, its facilities and equipment. I understand that at any time I may review this Informed Consent and Release of Liability by requesting a copy from the FPL-WELL Fitness Center staff.

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**Participant Signature:**

**Date:**

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**Participant Name (please print):**

**Signature of Witness:**

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**Parent or Guardian Signature (if participant is a minor):**

*Upon completion of all enrollment forms, return to FPL-WELL Fitness Center, via inter-office mail (FIT/JB; FIT/GO; FIT/PSL; FIT/TPN), or in person. Only FPL-WELL Staff will have access to the enclosed information.*

## Scope of FPL-WELL Services

### Health Promotion (available companywide)

- ▶ Health screenings
- ▶ Skin cancer screenings
- ▶ Educational seminars on various health topics
- ▶ Nutrition/weight management programs
- ▶ Ergonomic assessments
- ▶ Smoking cessation program
- ▶ Self-care web site
- ▶ Monthly health newsletters and information
- ▶ Volunteer wellness coordinator network

### Fitness Centers (35 onsite fitness centers and exercise rooms)

- ▶ Fitness assessments
- ▶ Exercise prescriptions
- ▶ Group classes
- ▶ Special promotions and contests
- ▶ Cardiovascular and strength training equipment
- ▶ Team competitions

### EAP/MAP Program (available companywide)

24 hours/7 days a week confidential assistance and services in these areas:

- ▶ Depression
- ▶ Stress management and work/life balance
- ▶ Family matters
- ▶ Fitness for duty
- ▶ Alcohol/drug problems
- ▶ Debriefings
- ▶ Anger management and conflict resolution
- ▶ HR/supervisors consults and referrals
- ▶ Testing and evaluations

### Health Centers for FPL Employees (available in Juno and GO – Jan. 03)

- ▶ Medical checkups
- ▶ Treatment of minor illnesses
- ▶ Stress tests
- ▶ Bone density screenings
- ▶ Chest X-ray
- ▶ Pulmonary function tests
- ▶ Physical therapy
- ▶ Registered dietitian

**FOR MORE INFORMATION CALL THE FPL-WELL PROGRAM AT**

**Juno Beach: 561-694-6242**

**St. Lucie: 772-467-7644**

**Miami: 305-552-4880**

**Turkey Point: 305-246-4097**

