

STUDIO 60

Card# _____
Registration Fee: _____
Vol. Initials: _____

Name _____ Nick Name _____

Address _____

City, State, Zip Code _____

Home Phone _____ Cell Phone _____

E-mail _____ Date of Birth _____

Emergency Contact _____ Relationship _____

Emergency Contact Phone _____

ARE YOU A VETERAN? Yes No

DO YOU HAVE ANY OF THE FOLLOWING?

Heart Condition/Chest Pains:	Yes	No	Diabetes:	Yes	No
Seizures:	Yes	No	Stroke/Mini-Stroke:	Yes	No
High Blood Pressure:	Yes	No	Joint/Orthopedic Problems	Yes	No
Problem Breathing/Asthma/COPD	Yes	No	Hernias:	Yes	No

Allergies: _____

Prescribed Medications: _____

I assume the risk and accept the responsibility for use of the exercise facilities at the Senior Center. I hold harmless the Senior Center and any member of the Senior Center staff and/or volunteers. I accept responsibility for any injury I may suffer while exercising or participating in other activities at the Senior Center.

PARTICIPANT'S SIGNATURE _____ **Date** _____

PHYSICIAN'S RELEASE:

The above named may participate fully in a progressive physical activity program consisting of cardiovascular, strength, balance and flexibility training.

PHYSICIAN'S or NURSE'S SIGNATURE _____ **Date** _____