

PERMISSION TO PARTICIPATE

This form is to be filled out completely and returned to the activity leader prior to participation in the community engagement activity.

PARTICIPANT NAME: _____ **ACTIVITY NAME:** Community Fitness

BRIEF DESCRIPTION OF ACTIVITY	DATE(S) OF ACTIVITY
Activity Leader: Linda Sepulveda Group fitness combining a variety of music, movement, dance styles and strength training. Fees: : \$25.00 Fitness Card – includes 31 classes	SEASON 1: September – October – November 10 weeks 10 classes Thursdays 6 pm – 7 pm
	SEASON 2: January – February – March 12 weeks 12 classes Thursdays 6 pm – 7 pm
	SEASON 3: April – May - 9 weeks 9 classes Thursdays 6 pm – 7 pm

I _____ (participant name) recognize that activities involve some degree of risk and that the activity sponsor cannot guarantee the safety of participants. Knowing of this risk, it is my choice to participate. In the event of an accident requiring emergency care, a reasonable effort will be made to notify the emergency contact if practicable. By signature below, I hereby authorize emergency medical treatment and/or hospitalization deemed necessary by emergency response or medical personnel.

Participants engaged in these activities are serving as representatives of their community and are expected to maintain the highest standards of behavior at all times.

Medical authorization: I authorize staff and volunteers of the program who are trained in the basics of first aid to give first aid when appropriate. I understand that every effort will be made to contact those listed in the emergency contacts in the event of an emergency requiring medical attention. However, if the emergency contact cannot be reached, I hereby authorize the staff and/or volunteers to transport me via the emergency service (911) to the nearest medical facility and to secure necessary medical treatment. I will not hold the program responsible for accidents or injuries that may occur and I agree to be responsible for any charges incurred in the rendering of medical care and treatment.

I agree to the statements above.

PARTICIPANT SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE (if under 18)

DATE

EMERGENCY CONTACT INFORMATION-PLEASE PRINT CLEARLY

PARTICIPANT HOME ADDRESS

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HOME PHONE NUMBER

WORK PHONE NUMBER

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NAME OF OTHER EMERGENCY CONTACT

RELATIONSHIP

PHONE NUMBER

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Health History Questionnaire

Participant Name:

Date:

Regular physical activity is safe for most people. The American College of Sports Medicine Standards indicates that some individuals should check with their doctors concerning their participation in an exercise program. **To help us determine if you should consult with your doctor, read the following questions carefully and answer each one honestly.**

Please Check YES or NO

- ____ ____ 1. Do you have a heart condition?
____ ____ 2. Have you ever experienced a stroke?
____ ____ 3. Do you have epilepsy?
____ ____ 4. Are you pregnant?
____ ____ 5. Do you have diabetes?
____ ____ 6. Do you have emphysema?
____ ____ 7. Have you had an asthma attack within the last two years or are you taking asthma medications?
____ ____ 8. Do you feel pain in your chest when you engage in physical activity?
____ ____ 9. Do you have chronic bronchitis?
____ ____ 10. In the past month, have you had chest pain when you were not doing physical activity?
____ ____ 11. Do you ever lose consciousness or do you ever lose control of your balance due to chronic dizziness?
____ ____ 12. Are you currently being treated for a muscular-skeletal problem that restricts you from engaging in physical activity?
____ ____ 13. Has a physician ever told you or are you aware that you have high blood pressure?
____ ____ 14. Has anyone in your immediate family (parents/brothers/sisters) had a heart attack, stroke, or cardiovascular disease before age 55?
____ ____ 15. Has a physician ever told you or are you aware that you have a high cholesterol level?
____ ____ 16. Do you currently smoke?
____ ____ 17. Are you a male over 44 years of age?
____ ____ 18. Are you a female over 54 years of age?
____ ____ 19. Are you currently exercising LESS than 1 hour per week? If you answered no, please list your activities.
____ ____ 20. Are you currently taking medication for blood pressure or a heart condition?

If you answer, "YES" to any one of questions 1-12, or answer, "YES" to 2 or more of questions 13-19, we recommend that you receive medical clearance to your participation in an exercise program.

I have read, understood, and completed this questionnaire. Any questions that I had were answered to my full satisfaction.

PARTICIPANT SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE (if under 18)

DATE