

Veterans Memorial Senior Center Drop In Fitness Program

Physician Consent Form

Dear Doctor:

Your patient, _____, wishes to enroll in the **UNSUPERVISED** *Drop-In Fitness Program*, sponsored and held at the Veterans Memorial Senior Center, a division of Redwood City Parks, Recreation and Community Services Department. Various kinds of exercise equipment are available to members upon approval from their physician. They are required to attend an orientation and training class, which includes instruction on exercise equipment usage, safety guidelines and general precautions. Participants are advised to exercise with another person. Each participant must sign a registration form, which includes a liability waiver. **There is no supervision when the seniors use the exercise equipment.** There is no certified physical therapist or staff person in attendance. The level of exercise is at the participant's discretion.

Please indicate which exercise equipment would **NOT** be appropriate for your patient; it will be up to your patient's discretion to follow these guidelines:

Treadmill	<input type="checkbox"/>	Stationary Exercise Bike	<input type="checkbox"/>
Step/Stair Climber	<input type="checkbox"/>	Nordic Track	<input type="checkbox"/>
Recumbent Bike	<input type="checkbox"/>	Weight Conditioning	<input type="checkbox"/>

I agree to have my patient participate in the Drop-In Fitness Program.

Physician (please print): Name: _____ Date: _____

Signature: _____ Phone #: _____

If you have any questions about this consent form, please do not hesitate to contact our Drop-In Fitness Instructor, Scott Lohmann at (650) 823-1225. Redwood City is committed to improving the health and welfare of its senior citizens by providing all levels of exercise programs. Thank you for your help. **Please return this form to your patient listed above.**

10/08