

VETERANS MEMORIAL SENIOR CENTER DROP-IN FITNESS PROGRAM

Thank you for your interest in participating in our Drop-In Fitness program.

Please read all instructions.

An orientation session is required every year.

Forms will only be accepted at the orientation session.

You may not mail them in or turn them into staff.

- ◆ The attached forms, listed below, must be completed and turned in at the orientation session that you will be required to attend. This applies to both new members and continuing members.

1. Physician's Consent Form (located on the reverse of this page)

Note: This form requires a doctor's signature.

Please have your doctor print or stamp his or her name legibly.

2. Drop in Fitness Registration Form/Liability Waiver.
3. Emergency Data Form

- ◆ **After you have completed the forms, please call Scott at (650) 823-1225 to register for an orientation session.** If you leave a message, please speak clearly and slowly; be sure to leave a call back number. Your call should be returned within 72 hours.

- ◆ Turn in all three completed forms to Scott when you attend the orientation session, along with your membership fee. Make sure the forms are fully completed, signed and dated.

18 thru 61 years of age = \$100.00 per year

62 years of age and older = \$50.00 per year (Senior Discount)

- ◆ Cash is acceptable or make your check payable to **Senior Center Fund.**
- ◆ Membership **must be renewed annually**, which requires filling out **all** enclosed forms, attending a refresher orientation and making payment.
- ◆ For further information, please call (650) 823-1225.



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Redwood City, CA 94061 (650) 780-7270



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VMSC DROP-IN-FITNESS - EMERGENCY DATA FORM

DATE: _____

PERSONAL INFORMATION:

BIRTH DATE: / / (EXAMPLE: 01/01/1948)

NAME: _____

ADDRESS: _____ CITY: _____ ZIP CODE: _____

PHONE: _____ EMAIL: _____

EMERGENCY CONTACTS:

PHONE (work): _____

1) NAME: _____ PHONE (home): _____

RELATIONSHIP: _____ PHONE (cell): _____

2) NAME: _____ PHONE (work): _____

RELATIONSHIP: _____ PHONE (home): _____

PHONE (cell): _____

MEDICAL INFORMATION (Optional):

MEDICAL PROBLEMS/LIMITATIONS:

MEDICATIONS CURRENTLY TAKING AND FOR WHAT CONDITIONS:

ARE YOU ALLERGIC TO ANY MEDICATIONS, ETC.?

HEALTH INSURANCE: _____ PATIENT I.D. NO.: _____

DOCTOR'S NAME: _____ PHONE _____

In case of hospitalization, where do you prefer to be treated?

Drop-In Fitness Registration & Liability Form

Registration Form

Name: _____

Address: _____
(Number) (Street) (City) (Zip)

Phone Number: _____

In Case of Emergency Notify:

Name: _____ Phone Number: _____

Waiver

The Drop In fitness Program consists of cardiovascular and weight equipment such as treadmills, step & stair climbers, a rowing machine, stationary bikes, an elliptical machine and a weight machine.

The hours are currently 8:00 am - 8:30 pm, Monday - Friday, but may be changed at any time. There are no fitness attendants available during open hours. It is suggested that participants use the facility with a workout partner.

In order to receive a membership, I will take the initial Orientation Session. I will then update my membership information annually, register for a refresher orientation, and pay the membership dues.

In consideration of my participation in the Drop-In Fitness Program, I hereby waive, release and discharge any and all claims for damages for death, personal injury or property damage which I may have, or which may hereafter accrue to me, as a result of my participation in the Drop-In Fitness Program.

I further understand that serious accidents can occasionally occur while using the fitness equipment stated above. Knowing the risks of the Program, I hereby agree to assume those risks and to release, indemnify and hold harmless all the persons or entities mentioned above who (through negligence or carelessness) might otherwise be liable to me (or my heirs or assigns) for damages. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns.

Signature: _____

Date: _____

Office Use:

Amount Paid: _____ Check # _____ Starting Date: _____ Card
Issued _____

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.**