

**WEST HAVEN PARKS AND RECREATION
SENIOR FITNESS PROGRAM APPLICATION
Health Examination (to be performed by own physician)**

Name _____ Date _____
Address _____ Phone _____
Email _____ Date of Birth _____
Emergency Contact/Relationship & Phone Number

Please fill in the following information:

1. Blood Pressure: Syst. _____ Diast. _____
2. Cholesterol: _____ mg% Triglyceride _____ mg% LDL _____ mg% HDL _____ mg%
3. Present Physical Activity: Active _____ Normal _____ Limited _____
4. Indicate any previous heart problems _____

5. List any specific restrictions concerning exercises (see page 2) _____

Name of Physician (please print)

Physician's Signature

Type of Physician

Physician's Address

In case of illness or accident, permission is hereby given to arrange for emergency service:

Participant's Signature

Date

Physician to call: _____

Address

Phone

**West Haven Parks and Recreation Department
Senior Fitness Program**

INFORMED CONSENT FORM - Required

1. Explanation of the Senior Fitness Program: You will perform exercises designed to elevate your level of physical fitness. The exercises are specific to improve your cardio-respiratory endurance, flexibility and muscular tone and endurance.

The Senior Fitness Program meets three times a week under the guidance of a member of the Recreation Department with a general knowledge of physical training.

- 2. Risks and Discomforts:** There exists the possibility of unusual situations occurring during the exercise sessions. They include muscular soreness, fainting, strains and sprains and very rare instances of heart attack. Every effort will be made to minimize these risks and discomforts by the use of prior physician's medical examination, continual monitoring of exercise heart-rate and by observations during the exercise session.
- 3. Benefits to be expected:** The benefits that may be experienced as a result of a continuous exercise program are increased endurance that enables one to better withstand the physical and emotional stresses of daily life and to meet the emergency demands that may occur throughout the course of one's lifetime. One can expect improvements in posture and a better quality of life with a feeling of accomplishment.
- 4. The program includes:** 30 minutes of full-body stretching. Stationary bicycles, treadmills, rowing machines, stair stepper, Nordic track, abdominal board, weight bench/ leg extension, dumbbells (3lbs. - 10 lbs.) Aerobics tapes, including but not limited to, Jane Fonda, Richard Simmons, Debra Crocker, Kathy Smith. Each participant does whatever activity he/ she is comfortable with.
- 5. I have read this form and understand the exercise procedures that I will be performing and I consent to participate in this program of Senior Fitness. I also am aware of and agree to abide by any restrictions my Doctor has listed on my health exam form.**

Signature of Participant

Witness

Date

**West Haven Parks and Recreation
Senior Fitness Program**

Release from Liability and Indemnification

I agree to waive and release the City of West Haven and it's officers, agents and employees from and against any and all claims, cost liabilities, expenses and judgments, including attorney's fees and court costs arising from my participation in the Senior Fitness Program. I hereby represent that I understand and am familiar with the nature of the activities in which I will participate. I understand that these activities can contain inherent risks and I am in good health and have no emotional or physical conditions which would, in any way, affect my ability to participate in these activities.

I also understand that the City is relying wholly on my representation and the representation of my physician that I am physically capable of undertaking this program.

Signature of Participant

Date

Name of Participant (printed)