

BARDSTOWN PARKS & RECREATION DEPARTMENT
WATEROBICS REGISTRATION FORM

NAME: _____ PHONE: _____

ADDRESS: _____ WORK: _____

CITY OR COUNTY RESIDENT (please circle one)

WATEROBICS MEDICAL QUESTIONNAIRE

- YES NO Do you have diabetes? High blood sugar?
- YES NO Are you taking medication to control blood pressure?
- YES NO Do you smoke more than 10 cigarettes daily?
- YES NO Are you 30 to 40 pounds overweight?
- YES NO Are you pregnant?
- YES NO Do you ever experience sensations of pain, pressure or tightness in the center of your chest, under the breast bone?
- YES NO Do you ever experience pain in the throat region or running down the left arm?
- YES NO Do you have chronic back pain or any known orthopedic (bone, joint, muscular) problems that regularly affect your daily activities?

**If you have checked "YES" to any of the above questions, we highly recommend that you have written permission from your doctor to participate in this program.

PARTICIPANT INFORMED CONSENT

- ❖ We believe you, as a participant in the Bardstown Waterobics Program, should be aware of the nature of the aerobic activity included in this class and the discomforts and risks you might encounter by your participation.
- ❖ A certified instructor will instruct the Bardstown Parks & Recreation Department's Waterobics classes. A progressive workout including warm-up, strengthening, aerobic-vigorous exercise, stretching and cool down will be incorporated in the classes. The aerobic conditioning will be conducted at an intensity of 60-90% of your maximal attainable heart rate. You will receive instruction for personal pulse monitoring of your workout.

(PLEASE FILL OUT FRONT & BACK)

- ❖ The expected benefits of this Waterobics Program include improved flexibility, agility, coordination, strength and cardiovascular-respiratory endurance.
- ❖ The acute risk of participation in a vigorous exercise program is cardiac failure. Even though failure is unlikely to occur, the possibility does exist. It is because of this risk that we require that each participant adhere to their doctor's MEDICAL GUIDELINES. Additional discomforts and risks include: cramping, pulled muscles, elevated heart rate during and after exercise, heavy breathing during and after exercise, exhaustion and fatigue. No compensation for physical injury that may result from your participation is available.
- ❖ Your participation in the Bardstown Parks & Recreation Department's Waterobics Program is voluntary and you may withdraw at any time. Your written consent indicates that you have full knowledge and understanding of the nature of the Bardstown Parks & Recreation Departments Waterobics Program, the benefits that you may expect, and the discomforts and/or risks which may be encountered and agree to participate on that basis.

Release of Liability

I hereby give my approval for participation in the Bardstown Parks & Recreation Department's Waterobics Program. I have read, understand, and agree to the liability and consent disclosures. I assume all risks incidental to the conduct of the Bardstown Parks & Recreation Department's Waterobics Program. I do further release, absolve, indemnify, and hold harmless the instructor; facility; sponsoring agency, Bardstown Parks & Recreation Department. In case of injury to myself, I hereby waive all claims against the organizers and/or instructor. I have provided accurate information to the best of my knowledge on this form.

SIGNATURE OF PARTICIPANT: _____ DATE: _____

Parent/Guardian's Signature if under 18 years old: _____

MORNING SESSION _____ EVENING SESSION _____

PLEASE CHECK ONE

OFFICIAL USE

FEE PAID: _____ Check # _____ Cash _____

Received By: _____ Date: _____