

Elmwood Senior Center
Step Up to Health Fitness Center
Membership Procedures

Dear Prospective Member:

We are pleased that you are taking the first step towards making a healthy lifestyle change. We hope the Fitness Center can help increase your confidence, make you feel younger, more energetic, and give you a feeling of accomplishment.

To become a member of the Step Up to Health Fitness Center, you need to follow the steps listed below.

- 1) Medical Approval Form
- 2) Health History Questionnaire/Waiver and Release & Informed Consent
- 3) Fitness Orientation

Have your physician complete the **Medical Approval Form** and return it to the Fitness Center.

Next, you must fill out a **Health History Questionnaire** and sign a **Release and Waiver and Informed Consent Form**.

Finally, schedule your **Fitness Orientation**. This appointment will give you a basic introduction to the Fitness Center. The Exercise Physiologist will explain the use of your exercise card, show you how to use the equipment and take you through your first workout.

Remember, you need to be a current member of the Elmwood Senior Center to be eligible to participate in our Fitness Center.

Thank you for your cooperation in promptly completing this process. We look forward to working with you soon.

Sincerely,

Gina Marino
Senior Center Director

Elmwood Senior Center

**Step Up
To Health
Fitness Center**

1106 New Britain Avenue
West Hartford, CT 06110
(860) 561-8180

Hours of Operation

Monday – Friday 8:30 a.m. – 4:30 p.m.

The Elmwood Fitness Center offers individualized and medically based exercise programs for older adults from the nearby community. Equipment selection, based upon current scientific research and evaluation, is designed to enhance cardiovascular endurance, muscular strength and to help reduce the risk of injury. Each participant follows a program based upon safe exercise guidelines derived from their screening data.

Equipment included in our Center:

Recumbent bikes, treadmills, recumbent stepper, airdyne bikes, elliptical, upper body ergometer, dumbbells and a line of Nautilus strength training machines.

** Medical Approval Forms are available in the Fitness Center and at the front desk.*



**Fitness Center
Membership Application**

\$150.00 per individual for the year _____ **\$90.00** per individual for 6 months _____

\$60.00 per individual for 3 months _____

Make checks payable to: ***Town of West Hartford***

Name: _____

Address: _____ Zip: _____

Phone: _____ E-Mail: _____ Payment Date: _____

Staff Use:

Check #: _____ Credit Card #: _____ Staff Initials: _____

Medical App. _____ Health History Quest. _____ Release Waiver _____ Policies _____ Mem. of ESC _____

MEDICAL HEALTH HISTORY QUESTIONNAIRE

Name _____ Date _____

Sex: M ___ F ___ Birth date _____ Age _____

Physician's Name _____ Physician's Phone # _____

Person to contact in Case of Emergency: Name _____

Phone # _____ Relationship _____

Are you taking any medications or drugs? If yes, list:

<u>Name</u>	<u>Dosage</u>	<u>Reason</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you allergic to any medicines? List. _____

Briefly describe your exercise program now.

Do you now, or have you had in the past:	<u>Yes</u>	<u>No</u>
1. History of heart problems, chest pain or stroke.	_____	_____
2. Increased blood pressure.	_____	_____
3. Any chronic illness or condition.	_____	_____
4. Difficulty with physical exercise.	_____	_____
5. Advice from physician not to exercise.	_____	_____
6. Recent surgery (last 12 months).	_____	_____

- | | <u>Yes</u> | <u>No</u> |
|---|------------|-----------|
| 7. Pregnancy (now or within last 3 months). | _____ | _____ |
| 8. History of breathing or lung problems. | _____ | _____ |
| 9. Muscle, joint, or back disorder, or any previous injury still affecting you. | _____ | _____ |
| 10. Diabetes or thyroid condition. | _____ | _____ |
| 11. Cigarette smoking habit. | _____ | _____ |
| 12. Obesity (more than 20 percent over ideal body weight). | _____ | _____ |
| 13. Increased blood cholesterol. | _____ | _____ |
| 14. History of heart problems in immediate family. | _____ | _____ |
| 15. Hernia, or any condition that may be aggravated by lifting weights. | _____ | _____ |
| 16. Please explain any yes answers on back. | | |

Comments

Do not write below this line

EXERCISE CARD INFORMATION: AGE _____ MAX HEART RATE _____

TARGET HEART RATE ZONE _____ (60 - 70%) THRZ

ATYPICAL INFORMATION _____

PRECAUTIONS/CONTRAINDICATIONS _____

MEDICATIONS _____

MEDICAL APPROVAL FORM

NAME OF PARTICIPANT: _____ **DATE** _____

The Fitness Center at the Elmwood Senior Center provides a number of health/fitness activities, programs and services for the apparently healthy individual. We would appreciate it if you would signify your approval for his/her participation in this program by completing the following questions.

1. Has the patient experienced any of the following symptoms of CVD?

_____ Palpitations or abnormal heart rhythms

_____ Chest pain or pressure (angina type)

_____ Dizziness or faintness upon exertion

If so, please explain _____

2. Does the patient have any of the following CVD risk factors?

_____ Hypertension

_____ Hyperglycemia or diabetes mellitus

_____ Hypercholesterolemia of elevated blood lipids

_____ Cigarette smoking

_____ Family history of heart disease

_____ Obesity

_____ Sedentary lifestyle

_____ Tension / stress

3. List any musculoskeletal injuries or problems, such as arthritis, that may be aggravated by exercise or that may limit an exercise program.

4. Please indicate any heart, fluid, blood pressure, seizure, diabetic or other pertinent medications taken on a regular basis, and maximum heart rate not to exceed during exercise where applicable:

Based on the preceding information, please indicate approval of the following exercises and equipment for use by filling in the appropriate boxes below.

_____ may participate in the following activities. Please use a (+) to indicate approval and a (o) to signify contraindicated.

- | | |
|----------------------------------|--------------------------------|
| _____ flexibility | _____ exercise bicycles |
| _____ walking program | _____ aerobics |
| _____ running /jogging | _____ low-impact |
| _____ Nordic Track ski simulator | _____ general swimming |
| _____ calisthenics | _____ lap swimming |
| _____ water aerobics | _____ free weights |
| _____ resistance machines | _____ stairmaster |
| _____ sauna and whirlpool | _____ elliptical cross trainer |
| _____ rowing machine | _____ Nustep recumbent stepper |

Exceptions/ restrictions on above exercises _____

Recommend participation on the fitness program:

Full _____ Limited _____ (Comments, recommendations)

Physician's name (please print) _____

Physician's Signature _____ Phone _____

Date _____