 **Greensboro Parks & Recreation Senior Services Unit**

 **PARTICIPANT HEALTH FORM**

**Name** **Male**  **Female**

**Address** **Home phone**

**City/State/Zip** **Cell phone**

**Email** **I prefer:** Mail Email

**Emergency Contact** **Phone** **Relationship**

**Doctor’s Name** **Phone**

**Check all conditions that apply to you:** **Check all programs you participate in:**

\_\_\_Heart condition AHOY Location(s):

\_\_\_Joint/bone condition/Arthritis

\_\_\_Shortness of breath/Asthma Aquatics classes / Senior Swim

\_\_\_Circulatory disorders Exercise classes

\_\_\_Osteoporosis Fitness Room

\_\_\_Frequent dizziness Gym walkers

\_\_\_High blood pressure Hiking Club

\_\_\_Diabetes Singing Senior Ambassadors

\_\_\_Poor balance Trips

\_\_\_Recent hospitalization date(s) Other:

Other health conditions, please explain

Allergies, please list

**Please list all medications (you may write on the back or attach a separate sheet):**

**Do you have permission from your doctor to participate in this program?** Yes No

(It is recommended that all individuals, regardless of age, see a doctor before beginning any exercise program.)

**I am voluntarily participating in this program and do hereby release, absolve, indemnify and hold harmless the City of Greensboro Parks and Recreation Department Staff for the risks and hazards incidental to the conduct of the specified program. In case of injury to myself, I hereby waive all claims against the City of Greensboro and its staff.**

Signature