



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# YMCA OF SOUTHWEST FLORIDA PARKINSON'S WELLNESS PROGRAM PARTICIPANT FORMS

Thank you for your interest in the YMCA of Southwest Florida's Parkinson's Wellness Program.

Pedaling for Parkinson's™, offered in Venice, Englewood, Punta Gorda, Fort Myers, and Bonita Springs, is a vigorous exercise program requiring participants to pedal a stationary bike at 80-90 revolutions per minute at heart rates between 60% - 85% of your maximal heart rate.

Parkinson's Exercise Program (PEP), offered by the Englewood YMCA and Bonita Spring YMCA, is designed to help develop and maintain strength, flexibility, balance, and voice integrity. Conducted in a classroom using chairs, balls, bands and light hand weights the focus is on amplifying movements and improving gait, posture and speech.

Rock Steady Boxing™, offered in Venice, Punta Gorda, and Bonita Springs, uses the fundamentals of boxing training in addition to Parkinson's specific exercises which studies have shown to reverse, reduce & even delay the symptoms of Parkinson's. Boxing works by moving your body in all planes of motion while continuously changing the routine as you progress through the workout.

Your safety is our priority. In order to ensure that you are capable and qualified for the program(s) of your choice we need to collect some information about you. Enclosed please find:

**Registration Form & Waiver**  
**Physician's Consent Form**  
**Health Questionnaire**

When you have completed these forms please call the number that corresponds with your location to schedule your consultation.

Venice: 941-492-9622 ext. 145

Englewood: 941-492-9622 ext. 299

Punta Gorda: 941-505-0999 & Ask for Amanda

Fort Myers: 239-275-9622 & Ask for Annia

Bonita Springs: 239-221-7560 ext. 116

**Once all forms are completed, you will be ready to begin taking classes!**



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## YMCA of Southwest Florida Guest Form

Please print the following information:

**\*Valid Photo ID Required**

Name _____		
Address _____		City _____
State _____	Zip Code _____	Date of Birth _____
Phone Number _____		Email Address _____
Guest of: _____		YMCA Member ID# _____
Emergency Contact: _____		Phone Number _____

### WAIVER

#### PLEASE READ CAREFULLY AND SIGN

I understand that the exercise will place an increasing workload on my cardio respiratory and musculoskeletal systems and there is a risk of physical changes during or following my exercise. I understand that failure to use the equipment properly may result in injury, illness, or medical problems including but not limited to fractured or broken bones, strained or torn muscles, tendons, or ligaments, dizziness, feeling light headed or becoming faint, stroke, heart attack, joint problems, or other physical problems.

I understand that I am responsible for monitoring my own condition throughout the exercise program and should any unusual symptoms occur, I will cease my participation and inform the fitness instructor, another YMCA professional staff member, or the front desk attendant.

I certify that I have no physical condition which would prevent me from safely engaging in an exercise program and agree to abide by all the rules and regulations of the Fitness Center.

In consideration for being allowed to participate in the YMCA of Southwest Florida's exercise program, I agree to assume the risk of such exercise and inherent dangers from exercise and use of the equipment. I hereby release the YMCA of Southwest Florida and its staff members and Directors from any and all claims, suits, losses, or related causes of action for damages related to my exercise program and hold them harmless from anything arising there from.

In signing this release and consent form, I affirm that I am legally capable of so acting, that I have read this form in its entirety, that I understand the nature of the exercise program.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of participant

\_\_\_\_\_  
YMCA staff

\_\_\_\_\_  
Signature of participant

#### Staff Use Only:

Fee Collected \_\_\_\_\_ Date Entered \_\_\_\_\_ Staff Initials \_\_\_\_\_

One Day Pass \_\_\_\_\_ One Week Pass \_\_\_\_\_ AWAY (5Visits) Pass \_\_\_\_\_

Scanned Driver's License \_\_\_\_\_ Photocopy of Passport \_\_\_\_\_



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## Physician's Consent Form & Health Questionnaire

Venice/Englewood/Punta Gorda Fax: 941-496-8028

Fort Myers Fax: 239-275-4196

Bonita Springs Fax: 239-221-7716

<b>Participant Name:</b>	
Date of Birth:	Age:                      Circle:    Male      Female
Address:	
Home Phone:	Cell:
Date of Diagnosis:	Stage of Diagnosis:              (Special considerations may be made for stage IV)
Circle the Program(s) of interest	<b>Pedaling for Parkinson's™</b> Venice/Englewood/Punta Gorda/Fort Myers/Bonita Springs
	<b>Rock Steady Boxing™</b> Venice/Punta Gorda/Bonita Springs
	<b>Parkinson's Exercise Program</b> Englewood/Bonita Springs

### To be completed by Physician

Patient is eligible for participation if **ALL** the following boxes are checked:

- Patient has clinical diagnosis of Parkinson's Disease
- Graded at Hoehn and Yahr stage I, II, or III when off medication;
- Written clearance/permission by the physician for the PD patient to participate in the exercise program.
- I **recommend** that my patient participate in the Parkinson's Wellness Program

Patient is ineligible for participation if **ANY** of the following boxes are checked:

- Clinically significant medical disease that would increase the risk of exercise-related complications (e.g. cardiac or pulmonary disease, hypertension or stroke)
- Dementia as evidenced by a score less than 116 on the Mattis Dementia Rating Scale
- Other medical or musculoskeletal contraindications to exercise
- I **DO NOT** recommend that my patient participate in the Parkinson's Wellness Program



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**Please list and describe medications' effects on the patient's heart rate:**

Beta Blockers: \_\_\_\_\_

Stimulants: \_\_\_\_\_

**General Comments:** \_\_\_\_\_

\_\_\_\_\_

**Physician's Name Printed:** \_\_\_\_\_

**Physician's Signature:** \_\_\_\_\_

Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Date: \_\_\_\_\_



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Pre-Screening Questions for Participant:	Yes:	No:
Have you taken any heart medications?		
Have you ever had a heart attack?		
Have you ever had heart surgery?		
Have you ever had heart failure?		
Have you ever had pacemaker/ implantable cardiac defibrillator/ rhythm disturbance?		
Have you ever had cardiac catheterization?		
Have you ever had coronary angioplasty?		
Have you ever had heart valve disease?		
Have you ever had congenital heart disease?		
Have you had a close blood relative who had a heart attack before age 55 (father or brother) or 65 (mother or sister)?		
Have you experienced unreasonable breathlessness?		
Do you take blood pressure medication?		
Are you a diabetic or take medicine to control blood sugar?		
Is your blood cholesterol >240 mg/dL?		
Females: Have you had a hysterectomy or are you postmenopausal?		
Have you experienced dizziness, fainting or blackouts?		
Do you smoke?		
Do you have musculoskeletal problems i.e. your doctor has recommended you not participate in exercise for muscular reasons?		
Do you have concerns about the safety of exercise?		
Are you physically inactive, exercising less than 30 minutes per day/ 3 days per week?		
Have you ever experienced chest discomfort with exertion?		