

BARDSTOWN/NELSON COUNTY 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.

MORNING OR EVENING SESSION (please circle one)

Signature: _____ Date: _____

OFFICIAL USE:
SESSION DATE: _____ SESSION TIME: _____

FEE PAID: _____

(PLEASE FILL OUT FRONT & BACK)

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/Nelson County 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 you workout.
- ❖ 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/Nelson County 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/Nelson County 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.

CONSENT

SIGNATURE OF PARTICIPANT: _____ DATE: _____

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

LIABILITY DISCLAIMER

I hereby give my approval for participation in the Bardstown/Nelson County Recreation Department's Waterobics Program. I assume all risks incidental to the conduct of the Bardstown/Nelson County Recreation Department's Waterobics Program. I do further release, absolve, indemnify, and hold harmless the instructor; facility; sponsoring agency, Bardstown/Nelson County Recreation Department. In case of injury to myself, I hereby waive all claims against the organizers and/or instructor.

SIGNATURE OF PARTICIPANT: _____ DATE: _____

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

(PLEASE FILL OUT FRONT & BACK OF THIS FORM)