

City of Easthampton

Easthampton Council on Aging/Enrichment Center

19 Union Street, Easthampton, MA 01027

(413) 527-6151 Fax: (413) 529-1475

E-mail: ltalbot@easthampton.org

Linda S. Talbot, Executive Director

Dear Dr. _____

Your patient _____, has requested enrollment in a **Self-Monitored** Cardio-Vascular Fitness Program offered at the Easthampton Enrichment Center.

Before a person can begin using the commercial fitness equipment (commercial-grade Elliptical Cross Trainers, Semi-Recumbent Cycle, Treadmills, Windjammer (total upper body conditioner), Recumbent Steppers (both upper and lower body conditioner), Cardio Strider, and a Waterrower), they must receive a medical clearance. Participants will be instructed on how to monitor their heart rate along with exercise protocols.

In the event of adverse reactions to exercise, your patient will be asked to visit with you, and submit a second screening before participation can resume.

Kindly complete the following form concerning the health status of your patient, and list any restrictions for a safe exercise experience.

If you have any questions, please feel free to contact me at (413) 527-6151, ext. 10. Thank you for your time.

Sincerely Yours,

Enc: Cover Letter
Medical Form

Linda S. Talbot
Executive Director

City of Easthampton

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**Statement of Medical Clearance for Self-Monitored
Cardio-Vascular Fitness Program**

Patient's Name: _____

Address: _____

Date of Birth: _____ Telephone #: _____

My patient would like to participate in a Self-Monitored Cardio-Vascular Fitness Program that involves the use of commercial fitness equipment (commercial-grade Elliptical Cross Trainers, Semi-Recumbent Cycle, Treadmills, Windjammer (total upper body conditioner), Recumbent Steppers (both upper and lower body conditioner), Cardio Strider and Waterrower

My patient will be required to complete a Medical History Questionnaire prior to participating in the Easthampton Enrichment Center Fitness Center.

_____ **YES** My patient has no current unstable medical problems which are a contraindication to participating in this **Self-Monitored** Cardio-Vascular exercise program. I approve and support their participation in this Fitness Program.

Comments/Special Considerations _____

_____ **NO** My patient is not eligible to participate in this **Self-Monitored** Cardio-Vascular Fitness Program due to their current medical status.

If your patient uses any medication which may reduce exercise tolerance or alter heart rate or blood pressure response during exercise, please note: _____

If your patient's training heart rate should differ from that normally recommended for adults of the same age, please indicate the correct range: _____

_____ Date: _____

Physician Signature

Print Physician Name: _____

Address: _____

Telephone #: _____

City of Easthampton
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FITNESS CENTER

MEMBER REGISTRATION/MEDICAL QUESTIONNAIRE

*****Health History and Physician's Approval is necessary before membership can be issued for the fitness center.**

*****All information provided to the Easthampton Council on Aging will remain confidential.**

(Please print)

Name: _____ Age: _____

Address: _____

Telephone: _____

Emergency Contact: If an emergency does occur, please list the person(s) you would want us to contact.

Name/Telephone Number _____

1. What would you like to gain from the Fitness Program?

The use of exercise equipment	yes	no
New exercise routines	yes	no
Increased Strength	yes	no
Increased Stamina	yes	no
Increased Flexibility	yes	no
Relaxation Techniques	yes	no
New friends and connections	yes	no

2. Please list all Medical Conditions/Concerns/Surgeries below (required). This information is necessary to help us determine any restrictions/limitations.

EXERCISE

What are your current exercise habits?

Type _____

Duration of workout _____

Frequency _____

Other _____

Do you have any questions or concerns regarding your participation in the Easthampton COA Self-monitored Cardio-Vascular Fitness Program?

Yes _____

No _____

If yes, explain _____

I understand that I am participating in a Self-monitored Cardio-vascular Fitness Program at my own risk.

Signature

Date

COA Staff Signature

Date

POLICIES FOR PARTICIPATION IN THE EASTHAMPTON COUNCIL ON AGING FITNESS PROGRAM

1. Anyone wishing to participate in the Easthampton Council on Aging Self-Monitored Cardio-vascular Fitness Program must first complete the following forms:
 - A. Statement of Medical Clearance Form (completed and signed by your physician)
 - B. Member Registration/Medical Questionnaire Form (2 pages)
 - C. Release of Liability and Usage Agreement
2. Schedule a one-to-one orientation session with a Council on Aging staff member (required) **when you are ready to fully participate** in the Fitness Center.
3. Annual Membership Fee is \$65.00 for Easthampton Residents, and \$100.00 for Southampton & Westhampton residents **payable in advance or on the day of orientation.**
4. All members will receive a annual postcard indicating when their membership is due. **Failure to renew your annual membership by the due day will result is a loss of Fitness Center privileges.**
5. There are no refunds or partial payment of memberships offered.
6. A clean pair of shoes/sneakers, **not worn outside** and free of sand and salt must be worn during the winter months. Sand and salt damages the fitness equipment. Failure to comply with this policy could result in suspension of your membership with no refund.
7. All safety devices must be utilized at all times.

**POLICIES FOR PARTICIPATION IN THE
EASTHAMPTON COUNCIL ON AGING FITNESS PROGRAM**

8. All participants must wipe down the equipment after each use with their own personal towel or disinfectant wipes (provided).

9. The ECOA does not utilize a reservation system for equipment, Therefore, use of equipment is **limited to a maximum of 30 minutes** IF someone is waiting to use the equipment.

10. Southampton & Westhampton residents are restricted from using the Fitness Center between the hours of 8:00 - 10 a.m.

11. Open Fitness Center hours for Southampton & Westhampton residents are:

Monday - Friday: 10:00 a.m. to 4:00 p.m.

Tuesdays & Thursdays: 4:00 - 7:00 p.m.

RELEASE OF LIABILITY AND USAGE AGREEMENT
City of Easthampton
Easthampton Council on Aging Enrichment Center
19 Union Street Easthampton, MA 01027

In consideration of being granted access to and use of the Easthampton Council on Aging Enrichment Center **Fitness Center** for the purpose of exercising and improving overall health and fitness, the undersigned hereby agrees to release, discharge and covenant to hold harmless the City of Easthampton, The Easthampton Council on Aging and any of their agents, servants, employees, or any of the ("Easthampton", from any and all damages, liabilities, actions, suits, proceedings, claims, demands, losses, costs, and expenses (including reasonable attorney's fees) that may arise out of or in connection with the undersigned's use of Easthampton facilities, including any and all personal injuries.

The undersigned further agrees that Easthampton will bear no liability or responsibility for or to the undersigned for any personal injury sustained by the undersigned while participating in the **Fitness Center.**

The undersigned further acknowledges that he/she has read the Release of Liability and Usage Agreement and acknowledges that he/she is entering into it of his/her own free will and with full knowledge and understanding of the substance, content, and effect of the Release of Liability and Usage Agreement.

Date

Print Name

Signature