

East Central DeKalb Senior Center Medical Release Form

I, (please print name) wish to participate in the exercise classes offered by East Central DeKalb Senior Center and I am willing to take responsibility for myself during any programming I attend.

I will inform the leader/Instructor should there be any change in my health or medication that could prevent me taking part in any program

Signed.....Date.....
....Allergies:.....

List of all Medications being taken (Over the counter and prescribed)

DOCTOR TO COMPLETE – GENERAL HEALTH

Name: _____

Physical Impairment (if any)_____

I, Dr. _____ (please print), recommend that the above-named person be permitted to participate in physically strenuous activities at East Central DeKalb Senior Center.

Physician's Signature: _____ Date: _____

Phone number of Physician: _____

DOCTOR TO COMPLETE – WARM WATER AQUA CLASSES

East Central DeKalb Senior Center offers a number of Aqua Fitness programs that will be beneficial to the overall health and wellbeing of the individual. The classes will be conducted in a heated pool where the temperature ranges from 80-90 degrees Fahrenheit. Exercise in warm water can be tiring, may pose a risk to pre-existing health conditions and in the interest of safety, we require participants to have approval of their doctor.

Consent: Having read the information above, I consider that this patient is fit and able to attend warm water aqua classes and is unlikely to have a health-related event as a consequence.

Physicians Name (please print): _____

Phone: _____

Signature: _____ Date _____