

Today's Date _____
Month Day Year



**Greensboro Parks & Recreation Active Adults Program
PARTICIPANT HEALTH FORM**

Name _____ Male _____ Female _____

Address _____ Birthdate ____ / ____ / ____

City/Zip _____ Home Ph: _____ Cell Ph: _____

Email _____ I prefer: _____ Mail _____ Email _____

Emergency Contact _____ Phone _____ Relationship _____

Doctor's Name _____ Phone _____

Check all conditions that apply to you:

- Heart condition
- Joint/bone condition/Arthritis
- Shortness of breath/Asthma
- Circulatory disorders
- Osteoporosis
- Frequent dizziness
- High blood pressure
- Diabetes
- Poor balance
- Recent hospitalization date(s) _____

Check all programs you participate in:

- AHOY Location(s): _____
- Aquatics classes / Senior Swim
- Exercise classes
- Fitness Room
- Gym walking
- Hiking Club
- Open play
- Trips
- 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 _____