



STRONG WOMEN

BENEFITS OF THE PROGRAM:

IMPROVE MUSCLE MASS & STRENGTH

REDUCE RISK OF OSTEOPOROSIS & RELATED FRACTURES

REDUCE THE RISK FOR DIABETES, HEART DISEASE, DEPRESSION & OBESITY

IMPROVE SELF-CONFIDENCE, SLEEP & VITALITY

Weight training is based on individual needs.

Stretching and Core work out included.

Beginning weights are provided.

Please bring your mat or towel to lay on the floor.

DATE / TIME: **Mondays/Wednesdays/Fridays 7:00AM-8:00AM**

LOCATION: **Peltier Park Recreation Center**

MONTHLY FEE: **IN THE CITY LIMIT \$20 / OUT THE CITY LIMIT \$25**



(Instructor Monica also teaches Yoga from 8:00AM-9:00AM—Separate registration is required. Ask about available discounts when taking both classes!)

Come Give Us A Try!!



For More Info Please Contact:

Thibodaux Parks & Recreation Dept:	(985) 446-7235
Monica Stock (Instructor):	(985) 209-2699
Debbie Melvin (LSU Ag Center):	(985) 446-1316

**STRONG WOMEN
Participant Summary Information Sheet**

LAST NAME:	FIRST NAME:	D.O.B.:
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
ADDRESS:	CITY:	ZIP:
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
PRIMARY CONTACT NUMBER:	SECONDARY CONTACT NUMBER:	
()	()	
E-MAIL ADDRESS:		
<input style="width:95%;" type="text"/>		
PERSON TO NOTIFY FOR EMERGENCY:		
NAME:	RELATIONSHIP:	CONTACT NUMBER:
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
2019 REGISTRATION FORM		
<i>Classes Held Every (Monday - Wednesday - Friday) 7:00AM - 8:00AM</i>		

For More Information, Please contact Monica Stock at (985) 209-2699 or Debbie Melvin at (986)446-1316

FOR OFFICIAL USE ONLY:						
MONTH	CASH	CK #	CREDIT	INITIAL/DATE	INCODE RECEIPT	ACTIVENET RECEIPT
JAN						
FEB						
MAR						
APR						
MAY						
JUNE						
JULY						
AUG						
SEPT						
OCT						
NOV						
DEC						

The Strong Women/People Program
A National Fitness Program for Older Adults
Physical Activity Readiness Questionnaire (PAR-Q)

Regular physical activity is fun and healthy and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However some people should check with their doctor before they start becoming much more physically active.

If you are planning to become more physically active than you are now, start by answering the seven questions in the box below. **If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age and you are not used to being very active, you should check with your doctor before beginning an exercise program. Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly.**

Question	Yes	No
Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?		
Do you feel pain in your chest when you do physical activity?		
In the past month have you had chest pain when you were not doing physical activity?		
Do you lose your balance because of dizziness or do you ever lose consciousness?		
Do you have a bone or joint problem that could be made worse by a change in your physical activity?		
Is your doctor currently prescribing drugs for your blood pressure or heart condition (for example water pills, blood thinners)?		
Do you have any other reason why you should not do physical activity?		

NOTE:

- If your health changes so that you then answer YES to any of the above questions tell your fitness or health professional. Ask whether you should change your physical activity.
- Informed use of the PAR-Q: The OSU Extension Service and Canadian Society for Exercise Physiology Health Canada and their agents assume no liability for persons who undertake physical activity and if in doubt about completing the questionnaire consult your doctor prior to physical activity.



If you answered yes to one or more questions:

Talk to your doctor by phone or in person **BEFORE** you start becoming more physically active, or **BEFORE** you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

- You may be able to do any activity you want-as long as you start slowly and build gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

If you answered no to all questions:

If you answered No honestly to all PAR-Q questions, you can be reasonably sure that you can:

- Start becoming more physically active- begin slowly and build up gradually. This is the safest and easiest way to go.
- Take part in a fitness appraisal. This is an excellent way to determine your basic Fitness so that you can plan the best way for you to live actively.

Delay becoming much more active:

- If you are not feeling well because of a temporary illness such as a cold or a fever – wait until you feel better.
- If you are or may be pregnant – talk to your doctor before you start becoming more active.

I have read understood and completed this questionnaire. Any questions I had were answered to my full satisfaction.

Name _____

Signature: _____

Date: _____

Witness: _____



Name: _____

Please read the following list carefully and circle Yes or No as it applies to your medical history and current health. Please include any additional information and conditions for which you are receiving medical care.

Medical History		
Aneurysm	Yes	No
Arthritis (Rheumatoid or Osteoarthritis)	Yes	No
Asthma	Yes	No
Back Pain	Yes	No
High Blood Pressure (Last reading /)	Yes	No
Low Blood Pressure (Last reading /)	Yes	No
Bone Fractures	Yes	No
Cancer (Please provide type and treatment)	Yes	No
High Cholesterol (Last reading /)	Yes	No
Diabetes (Type I or Type II)	Yes	No
Emphysema	Yes	No
Epilepsy	Yes	No
Heart Disease	Yes	No
Family History of Heart Disease (Mother, Father, Siblings)	Yes	No
Hernia	Yes	No
Joint or Ligament Injuries (Please specify)	Yes	No
Muscle Injuries (Please specify)	Yes	No
Neck Pain or Injury	Yes	No
Osteoporosis	Yes	No
Stroke	Yes	No
Surgery	Yes	No
Terminal Illness	Yes	No
Vertigo or Lightheadedness	Yes	No
Other:	Yes	No

Current Health – Past Month					
Back Pain	Yes	No	Lightheadedness	Yes	No
Chest Pain or Tightness	Yes	No	Muscle Pain	Yes	No
Discomfort from the Waist Up	Yes	No	Nausea	Yes	No
Heart Palpitations	Yes	No	Neck Pain	Yes	No
Indigestion	Yes	No	New Medication or Dosage Changes	Yes	No
Jaw Pain	Yes	No			
Joint Pain	Yes	No	Shortness of Breath	Yes	No
Other:				Yes	No

Signature: _____

Date: _____ / _____ / _____



Participant Consent

I have voluntarily enrolled in a program of progressive exercise. The program is designed to place a gradually increased workload on the heart, lungs, muscles and bones to help improve their function. I understand that participation in such a program may be associated with some risks. These risks may include but are not limited to: muscle soreness, fainting, disorders of heart beat, abnormal blood pressure, and in very rare instances, heart attack. To the best of my knowledge I do not have any limiting physical conditions or disability that would preclude an exercise program. Effort will be made to minimize any risks to me by a pre-exercise assessment and a medical screening. I release everyone who has designed, promoted, or conducted the Strong Women Program from all claims or liabilities whatsoever resulting from my participation in this program. I assume all risks and responsibility for any injury, damage, or any other adverse event that may result from my participation in this program.

Before I begin this program I understand that a pre-exercise assessment and physician screening consent form may be required. I understand that each person may react differently to these fitness activities and these reactions cannot be predicted with complete accuracy. I will inform the Program Leader and/or my health care provider if I experience any unusual symptoms.

Signature: _____

Printed Name: _____

Date: _____ / _____ / _____



Physician Authorization Form

Patient Name: _____
Address: _____

Phone Number: _____ Date of Birth: _____

Date of Last Exam: _____

Height: _____ Weight: _____ Pulse: _____ BP: _____

Other: _____

Medical Conditions: _____

Medications: _____

Special Considerations: _____

_____ Yes, my patient can participate.

_____ No, my patient cannot participate at this time due to his/her medical conditions and health status.

Physician's Signature: _____
Print Name: _____
Address: _____

Phone Number: () _____
FAX Number: () _____

