

CLASS DAYS/TIME: \_\_\_\_\_  Virtual *or*  In-person SESSION: \_\_\_\_\_, 2023

PLEASE PRINT

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Race:  White  Black/AA  AI/NA  Asian  One or more races not listed

Ethnicity:  Hispanic/Latinx  Not Hispanic/Latinx

### **Congratulations on being committed to a healthier you!**

To process your StrongBodies™ Re-Enrollment Application: complete this form and return it no sooner than 6 weeks and no later than 2 weeks prior to the first class. Suggested donation is \$20.

Mail to: StrongBodies Program  
ADRC of Eau Claire County  
721 Oxford Avenue, Rm 1130  
Eau Claire, WI 54703



Are you committed to completing the entire 10-week program by missing fewer than 1-2 classes?  
\_\_\_ Yes \_\_\_ No

In case of emergency, contact: \_\_\_\_\_

Their telephone number is: \_\_\_\_\_

Allergies/medical condition: \_\_\_\_\_

Your Hospital of choice: \_\_\_\_\_

Has anything changed in your Medical History or Current Health since last completion of your StrongBodies paperwork? \_\_\_ Yes \_\_\_ No  
(If yes, please request new “Medical History and Current Health Survey”).

Have you voluntarily enrolled in the StrongBodies program?  
\_\_\_ Yes \_\_\_ No

Do you understand that there are risks to a program associated with exercise which may include muscle soreness, fainting, disorders of heartbeat, abnormal blood pressure, and in very rare instances, heart attack? \_\_\_ Yes \_\_\_ No

Do you release everyone who has designed, promoted, or conducted the StrongBodies program from all claims, or liabilities whatsoever resulting from your participation? \_\_\_ Yes \_\_\_ No

Do you assume all risks and responsibility for any injury, damage, or any other adverse event that may result from your participation in this program?  
\_\_\_ Yes \_\_\_ No

Do you agree to be photographed in class with the potential that your photo may be utilized in promotional materials? \_\_\_ Yes \_\_\_ No

Signature REQUIRED \_\_\_\_\_ Date \_\_\_\_\_

*If you require accommodations to participate in the program or need this form in a different format, please contact the Prevention Program Coordinator at (715) 839-7998 or TTY 711.*

***\*Check your email for confirmation that you are on the roster two days before classes start.\****