

CLASS DAYS/TIME: _____ Virtual *or* In-person SESSION: _____, 2024

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 contribution 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.****