

CLASS TIME/DAYS: \_\_\_\_\_ LOCATION: \_\_\_\_\_ SESSION: \_\_\_\_\_, 2020

PLEASE PRINT

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

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

E-mail: \_\_\_\_\_

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

In order to process your STRONG BODIES Re-Enrollment Application: complete this form, enclose \$20.00 fee, and return it no sooner than 6 weeks and no later than 3 weeks prior to the first class:

INDICATE PAYMENT METHOD-**No Refunds:**



Strong Bodies Program  
ADRC of Eau Claire County  
721 Oxford Avenue, Rm 1130  
Eau Claire, WI 54703

Check payable to ADRC of ECC  
 Cash  
 Credit card (we will call for information)  
 Scholarship request

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 Strong Bodies paperwork?  Yes  No

(If yes, please request new "Medical History and Current Health Survey Form").

Have you voluntarily enrolled in the Strong Bodies program?

Yes  No

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

Do you release everyone who has designed, promoted, or conducted the Strong Bodies 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.\***