

# **StrongBodies™ Paperwork Check List**

**StrongBodies Class** is a collaborative effort between the ADRC and Extension Portage County, because both organizations have required paperwork, there is some duplication of questions. We apologize in advance for any inconvenience.

## **Pre-Registration is required prior to attending a class.**

**In Person:** *Drop it off at either the ADRC or the Extension office (Annex 2nd floor)*

**By Mail:** *StrongBodies/Extension, 1462 Strongs Ave, Stevens Point, WI 54481*

### **Section 1—Required StrongBodies/Extension Paperwork**

- ☐ Participant Summary Information
- ☐ Participant Consent
- ☐ Physical Activity Readiness Questionnaire (PAR-Q)
- ☐ Photo Release

LIFTING PEOPLE TO BETTER HEALTH



**STRONGBODIES**

### **Section 2—Required ADRC Paperwork**

- ☐ Health Release Form
- ☐ Participant Demographic Form
- ☐ ADRC Registration Form

**Once we have processed your paperwork, you and the instructor will be notified of the date of you can start the class.**

**If you have any questions, please call Sherry at 715-346-1316 or Kate at 715-346-1914**



Our Mission: To bring University of Wisconsin unbiased, research-based educational information to the residents of Portage County. An EEO/AA employer, University of Wisconsin Madison Extension provides equal opportunities in employment and programming, including Title VI, Title IX, and the Americans with Disabilities Act (ADA) requirements.

**The StrongBodies Program**  
*Based on the National StrongWomen Program*

**Participant Summary Information Sheet**

**Class Location:** ☐ Junction City ☐ ADRC ☐ Plover ☐ Amherst

☐ Advanced ADRC Evening ☐ Rosholt

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Race:** \_\_\_\_\_ **Ethnicity:** ☐ Hispanic or Latino  
☐ Not Hispanic or Latino

**Program Site:** \_\_\_\_\_

**Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_ **In case of emergency,**  
**please call:**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email address:** \_\_\_\_\_

Would you like to be contacted by the StrongBodies Program director (Miriam Nelson, PhD), manager (Rebecca Seguin, MS, CSCS), or one of their direct colleagues regarding your participation in this program?

If so, please check the **YES** box below, and this contact sheet will be provided to the StrongWomen Program so that you may be contacted in the future. If not, please check the **NO** box below; your contact sheet will not be provided to the program.

☐ Yes—Please provide my contact sheet to the **StrongBodies Program**.  
(Mark box on left if **YES**)

☐ No—Please do NOT provide my contact sheet to the **StrongBodies Program**.  
(Mark box on left if **NO**)

**The StrongBodies Program**  
*A National Fitness Program*

**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 StrongBodies 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 \_\_\_\_\_



**The StrongBodies Program**  
*Based on the National StrongWomen Program*

**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 much 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, check with your doctor. 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 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 this questionnaire consult your doctor prior to physical activity.



**The StrongBodies Program**  
*Based on the National StrongWomen Program*

**If you answered "YES" to one or more questions:**

Talk to your doctor by phone or in person BEFORE you start becoming much 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 up 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 of the questions:**

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

- Start becoming much 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; or
- If you are or may be pregnant. Talk to you 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: \_\_\_\_\_





**Extension**

UNIVERSITY OF WISCONSIN-MADISON  
PORTAGE COUNTY



StrongBodies™ Photo Release:

Please note that photo/videographer will be taking videos and pictures at this event. Extension, ADRC and StrongBodies™ will use these videos and pictures in a manner consistent with ADRC's & Extension's mission. Your attendance at these events indicates your consent for your image to be recorded and used in this manner.

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Lincoln Center  
1519 Water Street, Stevens Point, WI 54481  
Voice 715 346 1401 or 1-866-920-2525  
Fax 715-346-1418 TTY 715-346-1632  
[adrc@co.portage.wi.us](mailto:adrc@co.portage.wi.us) [www.co.portage.wi.us/departments/adrc](http://www.co.portage.wi.us/departments/adrc)

## Health Program Exercise Participant Release Form

Class/program: StrongBodies Program

Class Location: ☐ Junction City ☐ ADRC ☐ Plover ☐ Amherst  
☐ Advanced ADRC Evening ☐ Rosholt

Name of Participant: \_\_\_\_\_

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

Telephone number: \_\_\_\_\_ Email address: \_\_\_\_\_

Special health concerns and medications:

\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

### **PLEASE READ BEFORE SIGNING**

I understand and agree that neither the instructor, nor Portage County and its employees, members or volunteers shall assume or have any responsibility or liability for expenses or medical treatment or for compensation for any injury I may suffer during or resulting from my participation in this class/program. I agree to assume all risks associated with this class/program. I do hereby, for myself, my heirs, executors and administrators, waive, release, hold harmless and forever discharge any and all rights to claims for damages or related causes of action, that I may have against Portage County, its agents, employees, members or volunteers, or that my hereafter accrue to me arising out of or in any way connected with my participation in the program.

I also represent and warrant that I have been advised by Portage County to seek consultation from my doctor about whether I can safely participate in this program and whether there are precautions or limitation to my participation.

**I have read and understand the above statement.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Lincoln Center  
 1519 Water Street, Stevens Point, WI 54481  
 Voice 715 346 1401 or 1-866-920-2525  
 Fax 715-346-1418 TTY 715-346-1632  
[adrc@co.portage.wi.us](mailto:adrc@co.portage.wi.us)  
[www.co.portage.wi.us/departments/aging-disability-resource-center](http://www.co.portage.wi.us/departments/aging-disability-resource-center)

## Aging & Disability Resource Center of Portage County

### StrongBodies Program Participant Demographics

Name _____ Today's Date ____/____/____ Address _____ City _____ Zip Code _____ County _____ Town _____ Telephone _____ Birthdate ____/____/____ Email _____																						
What is your gender? _____	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino																					
What is your race? (Check all that apply.)  <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian or Asian-American <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian/ other Pacific Islander <input type="checkbox"/> More than one race/ethnicity	What is your current marital status? (Check only one.)  <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> Partnered (living with someone)																					
<b>Income Status:</b>  Is your income below the following 100% Federal Income Guidelines?  <div style="text-align: right; margin-right: 50px;"> <input type="checkbox"/> Yes    <input type="checkbox"/> No         </div> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"># in Home</th> <th style="text-align: left;">Month</th> <th style="text-align: left;">Year</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>\$1,041</td> <td>\$12,490</td> </tr> <tr> <td>2</td> <td>\$1,409</td> <td>\$16,910</td> </tr> </tbody> </table> Is your income below the following 250% Federal Income Guidelines?  <div style="text-align: right; margin-right: 50px;"> <input type="checkbox"/> Yes    <input type="checkbox"/> No         </div> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"># in Home</th> <th style="text-align: left;">Month</th> <th style="text-align: left;">Year</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>\$2,529</td> <td>\$30,350</td> </tr> <tr> <td>2</td> <td>\$3,429</td> <td>\$41,150</td> </tr> <tr> <td>3</td> <td>\$4,329</td> <td>\$51,950</td> </tr> </tbody> </table>	# in Home	Month	Year	1	\$1,041	\$12,490	2	\$1,409	\$16,910	# in Home	Month	Year	1	\$2,529	\$30,350	2	\$3,429	\$41,150	3	\$4,329	\$51,950	Today, how many people live in your household (including yourself)?  <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5  <hr/> How did you learn about this program?
# in Home	Month	Year																				
1	\$1,041	\$12,490																				
2	\$1,409	\$16,910																				
# in Home	Month	Year																				
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3	\$4,329	\$51,950																				



## 2020 Registration Form

You may complete this form and mail it or bring it to Lincoln Center (along with your check, written to "Portage County Treasurer," for class fees where applicable) at 1519 Water Street, Stevens Point, WI 54481.

*Please PRINT - Complete all sections:*

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Email Address (if any) \_\_\_\_\_ Telephone \_\_\_\_\_

Please circle:      Male      Female      Are you a new participant? \_\_\_\_\_

Referred by: \_\_\_\_\_

*(please indicate name of medical provider, therapist, agency or other)*

Doctor/Clinic \_\_\_\_\_

Emergency Contacts (please list two):

1. Name \_\_\_\_\_ Phone Number(s) \_\_\_\_\_

2. Name \_\_\_\_\_ Phone Number(s) \_\_\_\_\_

Class Title Fee (if any)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total (make check payable to Portage County Treasurer): \$ \_\_\_\_\_ \*

\* Round up your payment? Donations are accepted to help with Senior Center programming.

By registering for programs I give the Aging & Disability Resource Center of Portage County permission to use my photograph, video/voice recording or other media, and/or written material\* authored by me.

(\*The Aging & Disability Resource Center reserves the right to edit any written material.)

☐ I do not agree with the statement above.

Signature \_\_\_\_\_

Trouble hearing when you're in class? If you'd like to reserve an assistive hearing device to use at Lincoln Center, contact the Senior Center Manager at 715-346-1401 or 1-866-920-2525.

If you need financial assistance to register for a program, please contact the Senior Center Manager.

*If you have ideas for classes or activities you'd like to see offered at Lincoln Center, or would like to lead or teach a class or program yourself, please share your ideas with us:*

\_\_\_\_\_

### **For Office Use Only**

\_\_\_\_\_ Date registered \_\_\_\_\_ Paid (initial and date): \_\_\_\_\_

\_\_\_\_\_ Entered \_\_\_\_\_ Waiver \_\_\_\_\_ Supplies list sent (if applicable) \_\_\_\_\_