

Swim Check 2009

When: Tuesday March 31 and Wednesday April 1

Where: Marvin Altman Fitness Center

Times: 7:00 PM to 8:00 PM

Complete the Consent Form and bring with you. Don't forget to get a Parent or Guardian signature.

Questions? Call Roddy Yates 462-6439

Day Pass _____ Week Pass _____ Inpatient Family Pass _____

Marvin Altman Fitness Center
Visitor Consent Form
PLEASE PRINT!!!

Visitor Name _____

Address _____

City _____ State _____ Zip _____

Telephone () _____ Date of Birth _____

Today's Date _____ E-Mail _____

Emergency Contact: _____
Name Phone

Medical Questionnaire

Please read the following questions and answer each by placing a check mark in either the "YES" or "NO" box.

- | | |
|---|----------------|
| 1. Has your physician stated you have heart trouble? | Yes ___ No ___ |
| 2. Do you frequently have pains in your heart or chest? | Yes ___ No ___ |
| 3. Do you often feel faint or have severe dizziness? | Yes ___ No ___ |
| 4. Has a physician stated you have high blood pressure? | Yes ___ No ___ |
| a. If yes, is it currently being treated? | Yes ___ No ___ |
| b. If yes, is it being controlled by a physician? | Yes ___ No ___ |
| 5. Are you currently pregnant? | Yes ___ No ___ |

Health Promotion Program

I, _____, acknowledge that I am a participant at the Marvin Altman Fitness Center.

I have answered the Medical Questionnaire listed above to the best of my ability and knowledge. I realize my admission to the program and beneficial results depends on the accuracy of my answers.

I understand that I will be undergoing physical activities for the purpose of enhancing my emotional, mental and physical well being. Although the activities are designed to minimize injury, I understand that I could be injured by physical contact, strain or sprain, resulting in damage to bones, joints, ligaments or muscles. I also understand that I could sustain damage to my heart or respiratory system, which could result in injury or death.

Should any such injury, damage or death occur, I will not hold Marvin Altman Fitness Center or Sparks Health System responsible or liable.

I also understand that Marvin Altman Fitness Center and Sparks Health System are not responsible for lost or stolen property. With such understanding, I consent to participate at Marvin Altman Fitness Center.

Visitor's Signature _____
Parent or Guardian Signature _____
Staff Signature _____