Estuary Fitness Center

Estuary Council of Seniors, Inc.

220 Main Street, Old Saybrook, CT 06475
Tel (860) 388-1611 Fax (860) 388-6770

MEMBERSHIP FEE:

$50 FOR THREE (3) MONTHS, $90 FOR SIX (6) MONTHS, $150 FULL YEAR
(Make Checks payable to the Estuary Council of Seniors, Inc.)
MEMBERSHIP FEE INCLUDES: REQUIRED THREE TRAINING SESSIONS ON THE MACHINES and AN INDIVIDUALIZED PROGRAM DESIGN.
Please come to the Estuary Senior Center for a tour and gym membership paperwork.

Personal Information

Name: _____ DOB:____/_____/_____

Address: _____

City: _____ Zip Code: _____

Phone: _____ Email: _____

Emergency Contact Person: _____

Emergency Phone: _____

Relationship to Contact_____

Liability Waiver

I, the undersigned, being aware of my own health and physical condition and having knowledge that my participation in any exercise or fitness program or the use of any fitness equipment may be injurious to my health, am voluntarily participating in the gym program at the Estuary Council of Seniors Inc./M. Monica Eggert Senior Center/Estuary Regional Senior Center.

Having such knowledge, I hereby acknowledge this release, any representative, agents, and employees, directors from liability for accidental injury or illness which I may incur as a result of participating in the gym program. I hereby assume all risks connected therewith and consent to participate in said program.

I agree to disclose any physical limitations, disabilities, ailments, or impairments which may affect my ability to participate in said fitness program as a part of my initial mandatory fitness assessment or thereafter during my continuing participation in said program.

Signature_____ Date_____/_____/_____

OFFICE USE ONLY: INTAKE

Date: _____ Entered/Verified in My Senior Center ☐ Staff Initials: _____

OFFICE USE ONLY: PAYMENT

Date: _____ Amount $ _____ Exp Date _____ Staff Initials: _____

Silver Sneaker ID: _____ Verified: ☐ Enrolled: ☐ MSC: ☐

MEDICAL CLEARANCE FORM

Estuary Fitness Center

Estuary Council of Seniors Inc.
220 Main Street, Old Saybrook, CT 06475
TEL (860) 388-1611 FAX (860) 388-6770

Patients Name: _____

Address: _____

_____

Phone: _____

Please complete the following for the above patient's initial application to participate in an exercise program:

1. Health History:

( ) Cardiac	( ) Pulmonary
( ) Diabetes	( ) CVA
( ) Arthritis	( ) Hypertension
( ) Orthopedic	( ) Other

Please explain checked items if necessary: _____
_____
_____

2. Medications:

_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Please indicate any specific guidelines or limitations for this patient:

_____
_____
_____

4. Approval: I approve this applicant for her/his participation in the Estuary Fitness exercise program:

PHYSICIANS SIGNATURE_____

PRINTED NAME_____

PHONE_____DATE_____