



Endwright Center Annual Membership Application

All membership fees are renewed annually and are not refundable

Our fitness program as a member is open to anyone over 50 years of age.

Date: _____

Method of Payment: Cash/ Credit Card/Check # _____
(make checks out to Area 10 Agency on Aging)

Please check one for membership type

\$45/Individual \$60/ 2 adults in household

Membership is free to those over 85 years of age! Please consider a donation for the membership amount!

Member Name: _____ **Member #:** _____

Male Female Date of Birth (Required): _____ (MM/DD/YYYY)

Race: Native American Alaskan Native African American/Black
 Caucasian/White Asian/Pacific Islander Hispanic Other

Second Adult: _____ **Member #:** _____

Male Female Date of Birth (Required): _____ (MM/DD/YYYY)

RACE: Native American Alaskan Native African American/Black
 Caucasian/White Asian/Pacific Islander Hispanic Other

CONTACT INFORMATION

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: _____ Cell: _____

Email Address: _____
(if you use email, please share your address; this will help us communicate in the most cost effective way.
We do not share your personal information with entities outside of Area 10 Agency on Aging)

**Required
Emergency Contact:** _____

Relation to Primary Member: Spouse Son Daughter Friend Dependent Other
Please provide who other is _____

Emergency Phone Number(s): _____

Additional Emergency Contact: _____

Relationship to Primary Member: _____

Phone #:(_____) _____

RULES AND REGULATIONS FOR PARTICIPANTS

The Endwright Center is here for seniors and the guidelines discussed below are meant to help accommodate the needs of all individuals using the facility.

- ⇒ No smoking or alcoholic beverages are allowed in the facility
- ⇒ Eating is only allowed in designated areas (kitchen area)
- ⇒ Please refrain from wearing fragrances as this may cause reactions in some people
- ⇒ The use of fitness equipment is prohibited unless you have been enrolled in the Individualized Fitness Program and trained accordingly
- ⇒ Property and individuals in the Center must be respected. Responsible parties are subject to replacing damaged or stolen property.
- ⇒ Individuals engaging in physical or verbal abuse will be immediately asked to leave.

LIABILITY WAIVER

I understand that the Endwright Center of Area 10 Agency on Aging assumes no responsibility for injuries or illnesses which I or my household members sustain as a result of my physical condition or resulting in from my participation in any programs or activities or use of equipment.

I acknowledge on behalf of myself and my heirs that I assume the risk for any and all injuries and illness which may result from my participation in the Endwright Center Services. I hereby release and discharge the Endwright Center of Area 10 Agency on Aging, its agents, and employees from any and all claims for injury, illness, death, loss or damage which I may suffer as a result of my participation in the Endwright Center Activities.

I understand the Endwright Center is not responsible for personal property lost or stolen while members or program participants are using the facilities or premises.

WAIVER RELEASE:

Member Signature: _____ Date: _____

Second Adult Signature: _____ Date: _____

PHOTO RELEASE APPROVAL

We greatly appreciate your participation in Endwright Center activities! Your photo release will help us greatly in our promotion of the center and future offerings! Thank you!

I, _____, hereby release the use of my photograph. I understand that the photograph may be used by Area 10 Agency on Aging for a variety of purposes, including (but not limited to) newspapers and Area 10 Agency on Aging websites, brochures and newsletters.

Member Signature: _____ Date: _____

Second Adult Signature: _____ Date: _____

MEDICAL HISTORY

Name _____ Date _____

Date of Birth _____

PRIMARY CARE

Name of Physician _____ Office Phone: _____

Do you give us permission to contact your physician? _____

RECENT HOSPITALIZATION HISTORY (past 2 years)

Age at Hospitalization	Reason for Hospitalization	Duration of Stay	Comments

CURRENT MEDICATIONS

Medication	Dose	How Often?

HISTORY/RISK OF HEART DISEASE/STROKE

Please list yourself and any immediate family members (parents, siblings, aunts, uncles) who have been diagnosed with heart disease/stroke and/or who have died from heart disease/stroke.

Relationship	Type of Disease	Age at Diagnosis	Age at Death

OVER

Have you ever been told you have high blood pressure? Yes No If so, when? _____

Are you undergoing treatment? Yes No If no, when did you stop? _____

Do you smoke or use any tobacco products? Yes No If yes, how much and how often? _____

Have you smoked (used tobacco products) in the past? Yes No If yes, how much and how often? _____

How many years have you smoked (used tobacco products)? _____ When did you stop? _____

Have you ever been told you have asthma/respiratory health issue? Yes No

If yes, are you undergoing treatment? Yes No If no, when did you stop? _____

What are your current cholesterol levels? HDL _____ LDL _____ Total _____

Do you have high triglyceride levels? Yes / No

DIABETES

Have you ever been told you have diabetes? Yes No If so, when? _____

What type of diabetes were you diagnosed with? Type I Type II

Are you still undergoing treatment? Yes No If no, when did you stop? _____

MUSCULAR / SKELETAL PROBLEMS

Please describe any past or current orthopedic issues/injuries that may cause a concern or warrant further evaluation:

Lower extremities (foot, ankle, knee) _____

Mid (hips, spine) _____

Upper (shoulders, elbows, wrists, neck) _____

Other/cont. _____

Are you currently undergoing physical or occupational therapy for any of these issues? Yes / No

PHYSICAL ACTIVITY (past 6 months)

Type of Exercise	How Long (min)	How Often (days/week)	How Hard (light/moderate/hard)	When did you start?

List any known allergies (including medications): _____

Any additional pertinent information: _____

*If any of your contact information changes, or if you have any new medical conditions/health incidents, please complete the proper addendum form so we may keep your file updated and as accurate as possible.

Signature: _____ Date: _____



A PROGRAM OF AREA 10 AGENCY ON AGING

631 W. Edgewood Drive, Ellettsville, IN 47429 Phone: (812) 876-3383 Fax: (812) 876-9922 www.area10agency.org

FAX TO: Endwright Center Fitness Specialist 1-812-876-9922

PHYSICIAN CONSENT FOR USE OF FITNESS EQUIPMENT/PROGRAMS

One of your patients, _____, has expressed interest in using the fitness equipment and/or participating in fitness programs at our facility. In the best interest of your patient, we would like to confirm his or her current physical and medical condition with your consent.

If you have any restrictions pertaining to this patient exercising, please list them below:

If you have any recommendations or any other comments pertaining to this patient exercising, please list them below:

Signature of Physician _____ Date _____



A PROGRAM OF AREA 10 AGENCY ON AGING

Individualized Fitness Program Policy

Area 10 Agency on Aging offers the opportunity for community members to participate in an exercise program at the Endwright Center. This individualized fitness program includes a variety of cardiorespiratory, stretching, and resistance exercises designed to improve overall health and fitness. The goal of this program is to develop and or maintain heart and lung function, body composition, flexibility, bone density, endurance, and muscular strength. Benefits of participating in the program may include, but are not limited to, weight control, decreased resting blood pressure, reduced cholesterol, reduced stress and anxiety, and improved sugar tolerance (diabetes control). After an initial fitness orientation by the Fitness Specialist, an individualized exercise program will be created. You may not use any of the equipment offered at the Endwright Center without meeting with the Fitness Specialist for a fitness orientation.

Prior to meeting with the Fitness Specialist, the following must be on file:

- 1) Medical history form
- 2) Physician's consent form
- 3) Emergency contact number

Continued Participation Requirements:

Participants are expected to inform us of any changes in health status. Each year, upon membership renewal, a medical history addendum form is required. Some health changes will necessitate getting an updated consent to exercise from your physician. This decision is made by the Endwright Center Director and/or Fitness Specialist, and is for your health and safety.

Inherent risks are associated with any exercise plan. The possible discomforts associated with exercise include dizziness, light-headedness, slight chest discomfort, leg cramps, occasional (mostly harmless) irregular heartbeats, and high blood pressure. The risk of a heart attack, although extremely small (2 in 10,000), does exist. Any time an Endwright Center client displays symptoms of a potentially serious injury or possible medical incident (e.g. stroke, heart attack, etc.), Endwright Center personnel will call for emergency medical assistance. Individualized Fitness programs are designed to reduce these risks and discomforts as much as possible. It is important to remember there is a 30 minute recovery period after exercise during which the heart is under additional strain. During this time excessive cold and heat, extended walking, and smoking should be avoided. This strain on the heart can be prevented by warming up before exercise and cooling down after exercise for at least 5 minutes.

Muscle soreness is common 1-2 days after exercising, and should disappear within a few days. This soreness is common and should not interfere with normal daily activities. If you ever experience pain that does interfere with daily activities, or lasts for more than five days, please contact your physician and inform the Fitness Specialist on your next visit to the Endwright Center. This could be a strained or torn muscle, or a more serious issue resulting from previous orthopedic issues. To avoid an injury, you may not use any of the exercise equipment without first receiving a proper demonstration from the fitness specialist.

All participants of the Endwright Center's individualized fitness program must sign in when they enter the facility and sign out when they leave the facility. Participants are also required to locate their personal fitness plan and record their daily activities. This allows the Fitness Specialist to monitor each participant's progress or address any concerns. When progress is made, the Fitness Specialist can adjust the individualized program to meet each participant's needs.