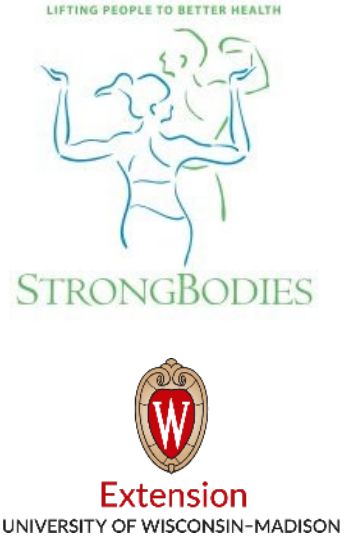


## 2020 Strong Bodies and Strong Bodies Advanced Program

The **Walworth County Strong Bodies Program** includes aerobic exercises, progressive weight training, flexibility and balance activities. The StrongBodies Program is a national evidence-based community exercise and nutrition program based on research conducted by Dr. Miriam Nelson and colleagues at Tufts University. The Walworth County Strong Bodies Program combines these two programs for a balanced workout:

- The **Strong Bones** Program is based upon years of research on how strength training improves the health of women and men of all ages. The program is appropriate for both sedentary and very active women and men. People with health concerns such as arthritis, heart disease, osteoporosis, diabetes, obesity and back pain often benefit the most from an exercise program that includes lifting weights a few times each week.
- The **Healthy Hearts** Program is a cardiovascular disease prevention program that aims to help reduce the risk of heart disease through fitness. The program is also designed to help with weight control. Over the course of the program, the aerobic exercises progress in duration and intensity.



The Walworth County Strong Bodies Program has two levels of membership. The **Strong Bodies** Program features *low to moderate* impact cardio and weight training done with the use of a chair for stability and is easily adapted to any ability level. The **Advanced Strong Bodies** Program features *moderate to high* impact cardio and weight training that is done standing or on mats on the floor. These exercises are selected to both meet and challenge current fitness levels with the goal of improving overall health and well-being. Participants do not have to purchase any equipment, but are asked to wear supportive shoes and comfortable clothing.

Name:	Phone #:
Address:	Cell Phone #:
Email Address:	

I'd like to participate in:

Select your choice	Program Name	Cost
	<b>Strong Bodies</b> on Wednesdays and Fridays 9-10 am <b>January 15 – April 3, 2020</b>	\$25
	<b>Advanced Strong Bodies</b> on Mondays, Wednesdays and Fridays 9-10 am <b>January 13 – April 3, 2020</b>	\$35
	<b>Strong Bodies</b> on Wednesdays and Fridays 9-10 am <b>April 15 – July 1, 2020 (No Class May 25)</b>	\$25
	<b>Advanced Strong Bodies</b> on Mondays, Wednesdays and Fridays 9-10 am <b>April 13 – July 1, 2020 (No Class May 25)</b>	\$35
	<b>Strong Bodies</b> on Wednesdays and Fridays 9-10 am <b>July 15 – September 18, 2020 (No Class September 7)</b>	\$25
	<b>Advanced Strong Bodies</b> on Mondays, Wednesdays and Fridays 9-10 am <b>July 13 – September 18, 2020 (No Class September 7)</b>	\$35
	<b>Strong Bodies</b> on Wednesdays and Fridays 9-10 am <b>September 23-December 18, 2020 (No Class November 23-27)</b>	\$25
	<b>Advanced Strong Bodies</b> on Mondays, Wednesdays and Fridays 9-10 am <b>September 21-December 18, 2020 (No Class November 23-27)</b>	\$35

*All classes will be limited to 20 participants per class time to accommodate room size. Class times will be assigned in the order completed and paid registrations are received. All classes require a minimum of 12 participants.*

Please return this form with fees to secure your space. **Please make check out to: UW-Extension – Strong Bodies.** Return all forms to:

UW-Extension Office – Strong Bodies  
100 West Walworth Street  
Elkhorn, WI 53121

The University of Wisconsin-Extension provides affirmative action and equal opportunity in education, programming and employment for all qualified persons regardless of race, color, gender/sex, creed disability, religion, national origin, ancestry, age, sexual orientation, pregnancy, marital or parental, arrest or conviction record or veteran status. If you require reasonable accommodations to participate in programming, please contact Amanda Kostman (262) 741-4961 or TTY 711.

## Strong Bodies Program Participant Consent

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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 the heartbeat, 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 my health care provider if I experience any unusual symptoms.**

I understand that instructors or staff may take videos and pictures of the participants during classes. UW-Extension will use these videos and pictures in a manner consistent with UW-Extension's mission. Your attendance at these events indicates your consent for your image to be recorded and used in this manner.

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

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Strong Bodies Program Participant Demographic Information

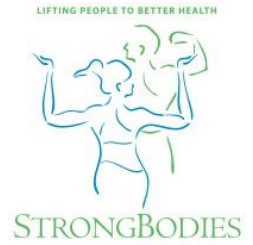
Date of Birth:	_____
Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male
Ethnicity:	<input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Hispanic (Mexican, Chicano, Cuban, Puerto Rican, or of other Spanish Origin)
Race:	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Native American or Alaska Native <input type="checkbox"/> Asian or Asian American (Hmong, Japanese, Chinese, Korean, Filipino, Asian Indian, Vietnamese, Laotian, and other) <input type="checkbox"/> Hawaiian Islander or other Pacific Islander <input type="checkbox"/> Other _____



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## Medical History Survey



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

Please read the following list carefully and circle Yes or No as it applies to your medical history. Please include any additional information and conditions for which you are receiving medical care.

Medical History		
Aneurysm	Yes	No
Arthritis (Rheumatoid or Osteoarthritis)	Yes	No
Asthma	Yes	No
Back Pain	Yes	No
High Blood Pressure (Last reading / )	Yes	No
Low Blood Pressure (Last reading / )	Yes	No
Bone Fractures	Yes	No
Cancer (Please provide type and treatment)	Yes	No
High Cholesterol (Last reading / )	Yes	No
Diabetes (Type I or Type II)	Yes	No
Emphysema	Yes	No
Epilepsy	Yes	No
Heart Disease	Yes	No
Family History of Heart Disease (Mother / Father / Siblings)	Yes	No
Hernia	Yes	No
Joint or Ligament Injuries (Please specify)	Yes	No
Muscle Injury (Please specify)	Yes	No
Neck Pain or Injury	Yes	No
Osteoporosis	Yes	No
Stroke	Yes	No
Surgery	Yes	No
Terminal Illness	Yes	No
Vertigo or Lightheadedness	Yes	No
Other:	Yes	No

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



## Current Health Survey

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

Please read the following list carefully and circle Yes or No as it applies to your current health (within the last month). Please include any additional information and conditions for which you are receiving medical care.

Current Age: \_\_\_\_\_

Current Health – Past Month		
Back Pain	Yes	No
Chest Pain or Tightness	Yes	No
Discomfort from the Waist Up	Yes	No
Heart Palpitations	Yes	No
Indigestion	Yes	No
Jaw Pain	Yes	No
Joint Pain	Yes	No
Light Headedness	Yes	No
Muscle Pain	Yes	No
Nausea	Yes	No
Neck Pain	Yes	No
New Medication or Dosage Changes	Yes	No
Shortness of Breath	Yes	No
Other:	Yes	No

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

In case of emergency, please call:

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

Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_



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# The StrongBodies Program

## Physical Activity Readiness Questionnaire (PAR-Q)



Regular physical activity is fun and healthy. Increasingly people are starting to become more active every day. Becoming more active is very safe for most people. However, if participation in any of the StrongBodies programs will cause you to become substantially more active than you are at present start by answering the questions 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 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 balance because of dizziness or do you ever loss of 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? (example: water pills/blood thinners)		
Do you have any other reason why you should not do physical activity?		

Note: \* During participation in the Strong Bodies Program, if your health changes so that you 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 their questionnaire consult your doctor prior to physical activity.

If you answered "Yes" to one or more questions talk to your doctor BEFORE you start becoming more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and to which questions you answered YES.

- You may be able to participate in any of the activities offered by starting slowly and building 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 beneficial to you.

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

- Start becoming more physically active. Begin slowly and build up gradually. This is the safest and most beneficial way to begin a more active lifestyle.
- 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 fever; wait until you feel better.
- If you are or may be pregnant, talk to your doctor before you start becoming more active.

I have read, understood and completed this questionnaire. Questions I had were answered to my full satisfaction.

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

PrintName: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Authorization Form

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Patient Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of Last Exam: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Pulse: \_\_\_\_\_ BP: \_\_\_\_\_

Other: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Medications: \_\_\_\_\_

Special Considerations: \_\_\_\_\_

\_\_\_\_\_ Yes, my patient can participate.

\_\_\_\_\_ No, my patient cannot participate at this time do to his/her medical condition and health status.

Physician's Signature: \_\_\_\_\_

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

Print Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_