



Community Teamwork RSVP BONE BUILDERS™ Participant Consent Form

Participant Information

| | | |
|---------------------|-------|-------|
| Name (please print) | | |
| Address | | |
| Phone Number | | |
| Email Address | | |
| Senior Center | | |
| Class Requested | Days: | Time: |

Thank you for your interest in CTI's Senior Corps RSVP Bone Builders™ Program. Bone Builders is a free osteoporosis-related fitness and fall prevention program for people 55 and older that is designed to maintain or increase bone density and help with balance, muscle strength and overall health. All information will be kept confidential.

1. Why are you joining Bone Builders? Please CHECK YOUR REASON for joining.

- Balance Flexibility Socialization
 Strength Overall well-being
 Other (please specify) _____

Comments: _____

2. How would you rate your current exercise level?

- 5 or more days a week for 30 minutes or more
 3 – 4 days a week for 30 minutes or more
 1 – 2 day a week for 30 minutes or more
 1 day a week for 30 minutes or more
 very little or sporadic exercise

Please fill out other side



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3. Have you fractured any bone with in the last year? ___ Yes ___ No

4. Have you fallen within the past year? ___ Yes ___ No

5. Have you been told by your doctor that you have low bone density (osteopenia) or osteoporosis? ___ Yes ___ No

I have read and understand the description of the RSVP Bone Builders™ program.

I understand and confirm that I will choose, with the consent of the trained leader, the level of activity in Bone Builders classes that will not harm me.

I hereby release Community Teamwork, its RSVP program and the site where classes are held, of any liability for injury I may sustain while participating in this voluntary and free exercise program.

In case of a medical emergency, I authorize you to contact the person named below:

Emergency Contact

| | |
|------------------------|--|
| Emergency Contact Name | |
| Relationship | |
| Phone number | |

Signature _____ Date _____



Community Teamwork RSVP BONE BUILDERS™

Physician Approval Form

Bone Builder Site Location _____

Day and time of class _____

Patient's Telephone #: _____

Your patient, _____, has signed up for the RSVP Bone Builders™ fitness program led by Community Teamwork RSVP volunteers. Each volunteer leader and participant must provide a doctor's approval before beginning the program and annually thereafter.

RSVP Bone Builders is a program that provides seniors aged 55 and older with free bi-weekly group fitness sessions. Classes focus on exercises to improve balance and increase the strength of bones and muscles. Leaders work in pairs and receive training as well as ongoing support and supervision. An established curriculum and standardized exercises are used with ankle weights and hand weights tailored to the individual's capabilities and comfort level. Balance exercises are performed with a chair for added participant support.

_____ **YES**, the above named individual has been examined and it is my professional opinion that they can participate in the program as described, without detriment to their own health and well-being, or the health and well-being of others.

_____ **Restrictions/Limitations**

(Please list any restrictions such as limits on weight carried or time spent standing.)

_____ **NO**, the above named individual is not able to satisfactorily perform the requested activities.

Physician's signature: _____ Date: _____

PLEASE PRINT OR STAMP PHYSICIAN NAME AND TELEPHONE NUMBER BELOW:

Name: _____ Phone: _____

Note: This physician approval form becomes invalid if the patient's health changes or if more than 1 year has elapsed since being signed by the physician.