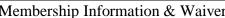
Beat Parkinson's Today, Inc. Membership Information & Waiver





Part One: General Information

Name:	Date of Birth:	Today's	Date:	
Home Phone:	Cell Phone:	Email:		
Address:	City:	State:	Zip Code:	
	Phone:			
Doctor:				
Please check which stateme	ent best describes how often you exercise:			
little or no exercise	occasional exercise, 1-2 times per week	vigorous exer	cise, 3-4 times per week	
	at PD?			
	h insurance? \Box No \Box Yes			
If yes, name and address of	company:			
Do you have any limiting m ☐No ☐ Yes	nedical conditions that you or your doctor feel wo	ould limit your partic	ipation?	
	inson's Disease progression, what level would y	ou rate yourself?		
Check one:	☐ Low—irritating, but does not stop me from a			
	☐ Medium—starting to affect my daily activity	y		
	☐ High—effects everything I do daily	•		
Do you still drive?	□ Yes □ No			
	□Walker □ Cane □ Wheelchair			
	nily hygiene by yourself? □Yes □ No			
Can you jump rope?				
Have you ever boxed?				
•	□Yes □ No			
Are you currently taking an	y medication? \Box No \Box Yes			
	or reactions to medication? \Box No \Box Yes			
	olease explain:			
in yes to any or are assist, p				
Part Two: Parkinson	's History			
	: (Please check all that apply)			
☐ Tremor		□ Dep	ression	
☐ Slowness of movement	□ Gait	-	nory Loss	
☐ Anxiety	□ Rigidity	□ Post		
☐ Freezing	□ Balance			
Part Three: Medical	<u>History</u>			
Do you currently have OR	do you have a history of the following?			
☐ Heart palpitations	\Box dizziness			
☐ high blood pressure	☐ heart murmur			
☐ chest pain	□ stroke			
☐ heart disease	□ heart disease			
\square loss of balance				
☐ Currently taking me	edication for high blood pressure			
Physical Consultation	<u>l</u>			
	gram, I have consulted with my physician and			
□ No □ Yes				

Photo/Media Release I grant the Beat PD Program th sound recordings of me for use Signature:	e in materials they may create.		ohs, films, videotapes, and
Participant Release of Liab I affirm that the confidential in disclose this information could disclosure of a pre-existing me given to provide emergency m	formation that I have provided affect my own safety and tho dical condition has not been p	se around me, and I agree to be rovided. In the event of illness	aold Beat PD harmless if full ass or injury, consent is hereby
I understand that parts of the B safety instructions given by the understand that each participar liability for any injury to me fr	e staff during the activities. I r nt must assume the risk of inju-	ecognize the inherent risk of ry or disability that could resu	injury or disability. I
Participant Signature:		Today's	Date:
For	Administrative Purposes-To b	e filled out by Beat PD Staff	
☐ AA Membership. Amoun ☐ Drop In Amoun ☐ Personal Training: ☐ 4	t	nt 🗖 1-hour s	ession Amount
Terms & Conditions 1. New memberships begin of same rate the next contractual.		. This is the contractual i	month. Fee will be at the
2. Membership: Month-to-Mo are exceeded before the con additional class attended for	tract month ends, credit of	card will be charged at th	
3. Pause, Cancel, or Change membership at any time with be made via email or written	at least a 6-day advance	ed notice from expiration	•
Credit Card #:			
Name on card:			
Expiration date:0	CVC # or CVV#:		
I agree to the terms of this m	embership agreement as	stated above:	
Member Signature:		Date:	
Level: Location:	Package:	Scholarshin: V N	Need CC info? V N

 \Box QB

□ Email

☐ Attendance