# 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: _____
Emergency Contact: _____ Phone: _ _____ Date of Diagnosis: _____
Doctor: _____

Please check which statement best describes how often you exercise:
_____ little or no exercise _____occasional exercise, 1-2 times per week _____vigorous exercise, 3-4 times per week

How did you hear about Beat PD? _____
Do you have accident/health insurance? □ No □ Yes
If yes, name and address of company: _____
Do you have any limiting medical conditions that you or your doctor feel would limit your participation?
□No □ Yes
If you had to rate your Parkinson's Disease progression, what level would you rate yourself?
Check one: □ Low—irritating, but does not stop me from anything
□Medium-—starting to affect my daily activity
□High—effects everything I do daily
Do you still drive? □ Yes □ No
Do you use a □Walker □ Cane □ Wheelchair
Do you take care of your daily hygiene by yourself? □Yes □ No
Can you jump rope? □Yes □ No
Have you ever boxed? □Yes □ No
Can you run? □Yes □ No
Are you currently taking any medication? □ No □Yes
Do you have any allergies or reactions to medication? □ No □Yes
If yes to any of the above, please explain: _____

## Part Two: Parkinson's History

Your PD symptoms include: (Please check all that apply)

□ Tremor
□ Slowness of movement
□ Anxiety
□ Freezing
□ Gait
□ Rigidity
□ Balance
□ Depression
□ Memory Loss
□ Posture

## Part Three: Medical History

Do you currently have OR do you have a history of the following?

□ Heart palpitations
□ high blood pressure
□ chest pain
□ heart disease
□ loss of balance
□ dizziness
□ heart murmur
□ stroke
□ heart disease
□ Currently taking medication for high blood pressure

## Physical Consultation

In preparation for this program, I have consulted with my physician and
□ No □ Yes

## Photo/Media Release

I grant the Beat PD Program the right to use, reproduce, assign and/or distribute photographs, films, videotapes, and sound recordings of me for use in materials they may create.
Signature: _____

## Participant Release of Liability

I affirm that the confidential information that I have provided is accurate and complete. I understand that failure to disclose this information could affect my own safety and those around me, and I agree to hold Beat PD harmless if full disclosure of a pre-existing medical condition has not been provided. In the event of illness or injury, consent is hereby given to provide emergency medical care, hospitalization or other treatment, which may become necessary.

I understand that parts of the Beat PD program may be physically and emotionally demanding. I agree to follow all safety instructions given by the staff during the activities. I recognize the inherent risk of injury or disability. I understand that each participant must assume the risk of injury or disability that could result. I release Beat PD from all liability for any injury to me from participation in these fitness activities.

Participant Signature: _____Today's Date: _____

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For Administrative Purposes-To be filled out by Beat PD Staff

❏ AA Membership. Amount _____
❏ Drop In Amount _____
❏ Personal Training: ❏ 45-minute session Amount _____ ❏ 1-hour session Amount _____

## Terms & Conditions

1. New memberships begin on the date of registration. This is the contractual month. Fee will be at the same rate the next contractual month.

2. Membership: Month-to-Month: Members pay on a monthly basis via credit card. If membership days are exceeded before the contract month ends, credit card will be charged at the Day Rate for each additional class attended for the remainder of that month.

3. Pause, Cancel, or Change Memberships: A member may pause, cancel or change his/her membership at any time with at least a 6-day advanced notice from expiration date. Notification must be made via email or written letter. Partial months are not permitted.

Credit Card #: _____

Name on card: _____

Expiration date: _____ CVC # or CVV#: _____

I agree to the terms of this membership agreement as stated above:

Member Signature: _____ Date: _____

Level: _____Location: _____Package: _____Scholarship: Y N Need CC info? Y N
□ Email □ Attendance □ QB