## Neshaminy Employee Wellness

## **Registration Form**

Regular vigorous exercise is an important part of a total wellness program. For most people the benefits outweigh the risk. However, it is important to know when special precautions are needed. It is also important to control the frequency and intensity of exercise so that problems are avoided. Ignoring the precautions could result in serious personal injury and even death.

## Please check any of the following which apply to you:

Valvular heart disease	A diagnosis of Angina	Arthritis
Poorly controlled high blood	Parent/sibling w/ heart	Blackouts or intermittent
pressure	condition	vision blurring
Emphysema or chronic	Smoking—presently or w/in 5	High blood pressure—not
bronchitis	yrs.	controlled
Dizziness or faintness on exertion	Muscle Strains	Deformities
Back Problems	Abnormal Electrocardiogram	Diabetes
Are you age 40 or above and have not been exercising regularly?	Is there any reason why vigorous activity might be harmful for you?	High cholesterol—270 mg or greater

If you answered yes to any of the above, you should receive medical clearance before participating!

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

Home Phone:	Work Phone:
Worksite:	
Job Classification:	
NSD Sponsor:	

\*\*Email Address: \_\_\_\_\_

## Complete the following for each activity you register for:

Activity	Location	Days	Time	Fees (Guest Fees 2X)
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All amounts over \$5 must be paid in check form to NESHAMINY WELLNESS.

Neshaminy Employee Wellness ©2014-2015—Fall Registration Form Questions contact Kathy Giambelluca 215-809-6550 or <u>kgiambelluca@neshaminy.k12.pa.us</u>