



Lincoln County Services Center
 801 N. Sales Street, Suite 101
 Merrill, WI 54452
 Tele: (715)-539-1072
 Fax: (715)-539-8323
 711 for Wisconsin Relay <http://lincoln.uwex.edu>

Returning Tomahawk StrongBodies™ Participant Package

Congratulations on staying committed to a healthier you!

In order to process your registration to continue in the StrongBodies program, please complete the form below and session registration form. *(Note: If you answer yes to any question on the PAR-Q or you are over the age of 69 you must have a Physician complete the Physician Authorization form once a year. A blank PAR-Q is included in this packet for you to complete and return if this information has changed since your last submission. These form(s) should be returned to the UW-Extension office with your other paperwork.)*

Has anything changed in your Medical History or Current Health since last completion of your StrongBodies paperwork? No Yes

(If yes, please request new “Medical History and Current Health Survey Form”).

Have you voluntarily enrolled in the StrongBodies program?
 No Yes

Do you understand that there are risks to a program associated with exercise which may include muscle soreness, fainting, disorders of heart beat, abnormal blood pressure, and in very rare instances, heart attack?
 No Yes

Do you release everyone who has designed, promoted, or conducted the StrongBodies program from all claims, or liabilities whatsoever resulting from your participation? No Yes

Do you assume all risks and responsibility for any injury, damage, or any other adverse event that may result from your participation in this program? No Yes

Do you agree to be photographed in class with the potential that your photo may be utilized in promotional materials? No Yes

Are you committed to completing the entire program by missing as few of sessions as possible?
 No Yes

Signature _____ Date _____



An EEO Affirmative Action employer the University of Wisconsin-Extension provides equal opportunities in employment and programming including Title IX and ADA requirements. If you require reasonable accommodations to participate in programming or this newsletter in a different format, please contact the Lincoln County UW-Extension office at 715-539-1072.

The StrongBodies Program
Based on the National StrongWomen Program

Physical Activity Readiness Questionnaire (PAR-Q)

Regular physical activity is fun and healthy and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active. If you are planning to become much more physically active than you are now, start by answering the seven questions in the box 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 very 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 your balance because of dizziness or do you ever lose 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? (for example: water pills blood thinners)		
Do you have any other reason why you should not do physical activity?		

NOTE:

-If your health changes so that you then 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 this questionnaire consult your doctor prior to physical activity.



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If you answered "YES" to one or more questions:

Talk to your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

- You may be able to do any activity you want as long as you start slowly and build up 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 helpful for you.

If you answered "NO" to all of the questions:

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

- Start becoming much more physically active. Begin slowly and build up gradually. This is the safest and easiest way to go.
- 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 a fever. Wait until you feel better; or
- If you are or may be pregnant. Talk to you doctor before you start becoming more active.

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

- Name: _____
- Signature: _____
- Date: _____
- Witness: _____



Tomahawk StrongBodies Participant Registration Form

Mondays and Thursdays –

Summer Session (June 3 – Aug. 1, 2019) and Fall Session (Sept. 9 – Nov. 21, 2019)

Location: United Methodist Church (1104 School Rd, Tomahawk, WI 54487)



Our StrongBodies Program follows the StrongWomen - StrongBodies Program researched, designed and evaluated by Dr. Miriam Nelson at Tufts University. The StrongBodies Program includes progressive weight training, flexibility and balance activities and is based upon years of research on how strength training and proper nutrition improve the health of people of all ages. "Strength is a critical factor in living healthier, more active lives. Our research shows that a program of strength training not only improves bone density but reduces falls, improves arthritis symptoms, and increases flexibility and strength," states Dr. Nelson of Tufts University. The program is appropriate for both the sedentary and the very active. 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.

Name:	Phone #:
Address:	Cell Phone #:
	Date of Birthday:
Email Address:	
Emergency Contact:	Relationship:
Emergency Contact Phone No:	
Gender: ___ Female ___ Male ___ Prefer not to respond	
Ethnicity: ___ Hispanic or Latino ___ Not Hispanic or Latino ___ Prefer not to respond	
Race: ___ American Indian or Alaska Native ___ Asian ___ Black or African American ___ Native Hawaiian or Other Pacific Islander ___ White ___ Two or more races ___ Prefer not to respond	

Summer Term (8 weeks) - June 3 – August 1 € \$36
(No class week of July 1)
Fall Term (11 weeks) – September 9 – November 21 € \$49.50
Both Sessions € \$85.50

Please make check out to: UW-Extension – StrongBodies. Please return all forms to:
UW-Extension Office – StrongBodies
801 N Sales Street, Suite 101
Merrill, WI 54452

Summer Term (June 3 – August 1, 2019)

Time Selection	Check Choice
* If you are not able to attend, do not put anything on that line.	
Mondays and Thursdays: 7:30 – 8:30 am	
Mondays and Thursdays: 9:00 – 10:00 am	
Fall Term (Sept. 9 – Nov. 21, 2019)	
Time Selection	Check Choice
* If you are not able to attend, do not put anything on that line.	
Mondays and Thursdays: 7:30 – 8:30 am	
Mondays and Thursdays: 9:00 – 10:00 am	
Mondays and Thursdays: 10:30 – 11:30 am	
Mondays and Thursdays: 3:30 – 4:30 pm	
Mondays and Thursdays: 5:30 – 6:30 pm	

For Office Use Only:	
Date Returned:	_____
Amount Paid:	_____
<input type="checkbox"/> Check #	_____
<input type="checkbox"/> Cash	_____



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TO: Lincoln County Doctors

FROM: Debbie Moellendorf
UW-Extension Lincoln County
Positive Youth Development and Health and Well-Being Educator

RE: StrongBodies™ Program

Your patient _____, is interested in participating in the StrongBodies™ Program with the University of Wisconsin-Extension. This moderate-intensity, progressive exercise program includes strength and balance training and is designed to improve muscle strength, dynamic balance, and flexibility.

This program is based upon the results of strength training studies in older adults conducted by scientist at the John Hancock Center for Physical Activity and Nutrition at the Gerald J. and Dorothy R. Friedman School of Nutrition Science and Policy at Tufts University, Boston, MA. Scientist and Exercise Physiologists at Tufts University have designed this exercise program especially for midlife and older adults, and Program Leaders in your community are implementing this program. Your patient will be required to complete a Medical History Questionnaire and provide Informed Consent prior to participation in the exercise program. Please complete and sign the enclosed Physicians Authorization Form.

If you have any questions or would like to discuss your patient's participation in this program in further detail, please call Debbie Moellendorf at 715-539-1077 or via email at deborah.moellendorf@ces.uwex.edu .

The StrongBodies Program
Based on the National StrongWomen Program

Physician Authorization Form

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 due to his/her medical conditions and health status.

Physician's Signature: _____

Print Name:

Address:

Phone Number: _____ FAX Number: _____

