



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>

## New Merrill StrongBodies™ Program Participant Packet

Thank you for your interest in participating in the StrongBodies™ Program. This moderate-intensity progressive exercise program includes strength and balance training and is designed to improve muscle strength, dynamic balance, and flexibility. This program will also have a health educational component.

This program is based upon the results of strength training studies in older adults conducted by scientists 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 Physiologist at Tufts University have designed this program especially for mid-life and older adults. Lincoln County Extension is currently offering this program in Merrill.

Before beginning this program you must complete all appropriate paper work and return to: Lincoln County Extension StrongBodies, 801 N Sales Street Suite 101, Merrill, WI 54452.

(Note: Please be sure to sign and date each form as indicated.)

- Participant Consent and Photo Release
- Physical Activity Readiness Questionnaire (PAR-Q) for ages 15-69. **If you answer yes to any question on the PAR-Q or you are over the age of 69 you must also have a Physician Authorization form completed.**
- Medical History and Current Health History
- Session Registration Form with payment
- Physician Authorization Form (if needed)

For more information about the program you can visit us on the web at <https://lincoln.extension.wisc.edu/family-living-and-nutrition-education/strongbodies/>. Scholarships are available.

If you have further questions, please call Debbie Moellendorf at 715-539-1077.

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### Purpose Statement

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An EEO/AA employer, University of Wisconsin-Extension provides equal opportunities in employment and programming, including Title VI, Title IX, and the Americans with Disabilities Act(ADA) requirements.

La Universidad de Wisconsin-Extension, un empleador con igualdad de oportunidades y acción afirmativa (EEO/AA), proporciona igualdad de oportunidades en empleo y programas, incluyendo los requisitos del título VI, Título IX, y de la Ley Federal para Personas con Discapacidades en los Estados Unidos (ADA)

Tus Tswv Hauj Lwm Ntawm (EEO/AA), ntawm lub Tsev Kawm Ntawv Qib Siab (University of Wisconsin-Extension) pab rau kev ncaj ncees txog kev hauj lwm thiab kev pab cuam, xws li nyob rau hauv Title VI, Title IX, thiab ntawm tsab cai Americans with Disabilities Act (ADA) yuav tsum kom muaj.



**The StrongBodies Program**  
*Based on the National StrongWomen Program*

**Participant Consent**

I have voluntarily enrolled in a program of progressive exercise. The program is designed to place a gradually increased workload on the heart, lungs, muscles and bones to help improve their function. I understand that participation in such a program may be associated with some risks. These risks may include but are not limited to: muscle soreness, fainting, disorders of heart beat, abnormal blood pressure, and in very rare instances, heart attack. To the best of my knowledge I do not have any limiting physical conditions or disability that would preclude an exercise program. Effort will be made to minimize any risks to me by a pre-exercise assessment and a medical screening. I release everyone who has designed, promoted, or conducted the StrongBodies Program from all claims or liabilities whatsoever resulting from my participation in this program. I assume all risks and responsibility for any injury, damage, or any other adverse event that may result from my participation in this program.

Before I begin this program I understand that a pre-exercise assessment and physician screening consent form may be required. I understand that each person may react differently to these fitness activities and these reactions cannot be predicted with complete accuracy. I will inform the Program Leader and/or my health care provider if I experience any unusual symptoms.

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Photo Release**

Please note that photo/videographer will be taking videos and pictures at this event. UW-Extension and StrongBodies™ will use these videos and pictures in a manner consistent with UW-Extension's mission. Your attendance at these events indicates your consent for your image to be recorded and used in this manner.

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**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: \_\_\_\_\_



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## Medical History and Current Health Survey

Name \_\_\_\_\_

Please read the following list carefully and circle Yes or No as it applies to your medical history and current health. Please include any additional information and conditions for which you are receiving medical care.

Medical History		
Aneurysm	Yes	No
Arthritis (Rheumatoid or Osteoarthritis)	Yes	No
Asthma	Yes	No
Back Pain	Yes	No
High Blood Pressure (Last reading / )	Yes	No
Low Blood Pressure (Last reading / )	Yes	No
Bone Fractures	Yes	No
Cancer (Please provide type and treatment)	Yes	No
High Cholesterol (Last reading / )	Yes	No
Diabetes (Type I or Type II)	Yes	No
Emphysema	Yes	No
Epilepsy	Yes	No
Heart Disease	Yes	No
Family History of Heart Disease (Mother, Father, Siblings)	Yes	No
Hernia	Yes	No
Joint or Ligament Injuries (Please specify)	Yes	No
Muscle Injuries (Please specify)	Yes	No
Neck Pain or Injury	Yes	No
Osteoporosis	Yes	No
Stroke	Yes	No
Surgery	Yes	No



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Terminal Illness	Yes	No
<b>Medical History (continued)</b>		
Vertigo or Lightheadedness	Yes	No
Other:	Yes	No
<b>Current Health – Past month</b>		
Back Pain	Yes	No
Chest Pain or Tightness	Yes	No
Discomfort from the Waist Up	Yes	No
Heart Palpitations	Yes	No
Indigestion	Yes	No
Jaw Pain	Yes	No
Joint Pain	Yes	No
Lightheadedness	Yes	No
Muscle Pain	Yes	No
Nausea	Yes	No
Neck Pain	Yes	No
New Medication or Dosage Changes	Yes	No
Shortness of Breath	Yes	No
Other:	Yes	No

Signature \_\_\_\_\_

Date \_\_\_\_\_

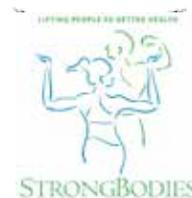


# Merrill StrongBodies Participant Registration Form

**Mondays and Wednesdays**

**Fall Session – Sept 9, 2019 – Nov 9, 2019**

**Location: Merrill Enrichment Center (303 North Sales Street, Merrill, WI 54452)**



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	

**Fall Term (9 weeks) - September 9 – November 6 @ \$45**

Please make check out to: Extension Lincoln County– StrongBodies. Please return all forms to:

Extension Lincoln County– StrongBodies  
801 N Sales Street, Suite 101  
Merrill, WI 54452

## Fall Term (Sept 9– Nov 6, 2019)

Time Selection	Check Choice
* If you are not able to attend, do not put anything on that line. Mondays and Wednesdays: 7:50 – 8:50 am	
Mondays and Wednesdays: 4:30 – 5:30 pm	
(We are only able to offer two time options this fall due to our limited number of instructors. If you are interested in becoming an instructor, please contact Debbie Moellendorf at 715-539-1077.)	

For Office Use Only:

Date Returned: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Check # \_\_\_\_\_

Cash \_\_\_\_\_

The University of Wisconsin-Extension provides affirmative action and equal opportunity in education, programming and employment for all qualified persons regardless of race, color, gender/sex, creed disability, religion, national origin, ancestry, age, sexual orientation, pregnancy, marital or parental, arrest or conviction record or veteran status.

Please note that instructors or staff may take videos and pictures of the participants during classes. UW-Extension will use these videos and pictures in a manner consistent with UW-Extension's mission. Your attendance at these events indicates your consent for your image to be recorded and used in this manner.



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**TO:** Lincoln County Doctors

**FROM:** Debbie Moellendorf  
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-Madison, Division of 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@wisc.edu](mailto:deborah.moellendorf@wisc.edu).

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**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: \_\_\_\_\_

