



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.extension.wisc.edu>

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 Tomahawk.

All weights are provided. You will need a towel and a water bottle. Please dress in comfortable, loose, breathable clothing, with closed-toe shoes with rubber soles, preferable athletic shoes or sneakers and wear minimal jewelry – especially on hands and wrists.

For more information about the program, visit us on the web at: bit.ly/ExtLCStrongBodies

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

If you did not participate in the Fall 2021 session, you need to complete all the forms in this packet.

To enroll in this program, complete all appropriate paper work and return it,

along with the registration fee, to:
Extension Lincoln County StrongBodies
801 N Sales Street Suite 101
Merrill, WI 54452.

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

Please note:
All participants are required to wear masks at this time.

Purpose Statement

We teach, learn, lead and serve, connecting people with the University of Wisconsin, and engaging with them in transforming lives and communities.

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, provided space for 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. Extension Lincoln County and StrongBodies™ will use these videos and pictures in a manner consistent with Extension Lincoln County'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
Medical History (continued)		
Vertigo or Lightheadedness	Yes	No
Other:	Yes	No
Current Health – Past month		
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 Registration Form

All Classes Monday & Wednesday



Location:

Merrill Enrichment Center (303 N. Sales St. Merrill)

Please fill out completely and return, with payment, to reserve a place in the program.

Name: _____ Phone #: _____

Address: _____ Cell Phone #: _____

_____ Date of Birth: _____

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

Class Schedule:

November 29, 2021 – February 9, 2022

- Week 1 -- Monday, 11/29 and Wednesday, 12/1
- Week 2 – Monday, 12/6 and Wednesday, 12/8
- Week 3 – Monday, 12/13 and Wednesday, 12/15
- Week 4 (part 1) – Monday, 12/20

***Break – No class on December 22nd,
27th, 29th or January 3rd***

- Week 4 (part 2) – Wednesday, 1/5
- Week 5 – Monday, 1/10 and Wednesday 1/12
- Week 6 – Monday, 1/17 and Wednesday 1/19
- Week 7 – Monday, 1/24 and Wednesday, 1/26
- Week 8 – Monday, 1/31 and Wednesday, 2/2
- Week 9 – Monday, 2/7 and Wednesday, 2/9

Winter Term (9 weeks/18 sessions)

November 29, 2021 – February 9, 2022

Cost: \$45.00

Time Selection	Check (✓) Choice
4:30 – 5:30 pm	

Please return ALL forms to:

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

Make check out to:

Extension Lincoln County – StrongBodies.

Office Use: Date Returned: _____ Amount Paid: _____ 5 Cash 5 Check # _____

Extension Lincoln County 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. -Extension Lincoln County will use these videos and pictures in a manner consistent with Extension Lincoln County'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
University of Wisconsin-Madison, Division of 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.

Purpose Statement

We teach, learn, lead and serve, connecting people with the University of Wisconsin, and engaging with them in transforming lives and communities.

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 accion afirmativa (EEO/AA), proporciona igualdad de oportunidades en empleo y programas, incluyendo los requisitos del titulo VI, Titulo IX, y de la Ley Federal para Personas con Discapacidades en los Estados Unidos (ADA)

Tus Tswv Hauj Lwm Ntawm (EEO/AA), nlawm 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 nlawm tsab cai Americans with Disabilities Act (ADA) yuav tsum kom muaj.

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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: _____

