Seattle Parks & Recreation

Participant Information and Health History

Your completed application is needed to enroll in classes with Seattle Parks and Recreation offered in partnership with Sound Generations. An email address is required to submit your electronic application. If you have ASH Silver&Fit or One Pass as part of your medical benefits, your Silver&Fit Fitness ID number or One Pass Code is required. We encourage you to complete the application in full. This helps us demonstrate how our program is serving people who will benefit the most.

Your answers are strictly confidential. Once your application is submitted an autogenerated confirmation email will be sent.

Personal Information

Name: First _____ MI _____ Last _____

Is there a nickname that you prefer to use? _____

Birthdate: _____ (mm/dd/yyyy)

Gender: ◯ Female ◯ Male ◯ Gender _____

How did you hear about EnhanceFitness? _____

Contact Information

Street: _____

City: _____ State: WA Zip Code: _____

Phone: _____ Email: _____

Demographic Information

1a. Do you speak a language other than English at home?

◯ Yes What language? _____

◯ No

1b. Do you sometimes have difficulty speaking English? ◯ Yes ◯ No

1c. Do you sometimes have difficulty understanding English? ◯ Yes ◯ No

Demographic Information (continued)

2. What is the highest level of education that you have completed?

- ○ Less than high school
- ○ Some high school
- ○ High school graduate
- ○ Some college or vocational school
- ○ College graduate
- ○ Graduate school

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3. What is your yearly income?

- ○ Less than $15,000
- ○ $15,000 to $24,999
- ○ $25,000 to $49,999
- ○ $50,000 to $75,000
- ○ More than $75,000

4a. Are you of Hispanic, Latin, or Spanish origin?

- ○ Yes, Hispanic/ Latino
- ○ No, not Hispanic/ Latino
- ○ Unknown
- ○ Prefer not to answer

4b. Please select one or more of the following that best defines your race:

- ○ Native American or Alaska Native
- ○ Asian or Asian American
- ○ Black or African American
- ○ Hawaiian Native or Pacific Islander
- ○ White
- ○ Other
- ○ Prefer not to answer
- ○ 2 or more races
- ○ Unknown

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5. What is your current marital status?

- ○ Single (never married)
- ○ Partnered (living with someone)
- ○ Married
- ○ Separated
- ○ Divorced
- ○ Widowed or Widowered

6a. How many people live in your household (including yourself?) ☐

6b. How many children (under age 18) live in your household? ☐

7a. Do you now have any health problem that requires you to use special equipment, such as a cane, wheelchair, special bed or special telephone? ○ Yes ○ No

7b. Are you limited in any activities because of physical, mental, or emotional challenge? ○ Yes ○ No

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8. Have you ever served on active duty in the U.S. Armed Forces, Military Reserves or National Guard? ○ Yes ○ No

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Medical Information

9. Do you have health insurance? (Check all that apply.)

☐ Medicare ☐ Medicaid ☐ Private Insurance

10. Does your insurance plan include Silver and Fit? ○ Yes ○ No

a. Silver&Fit ID Number:

Your Silver&Fit ID number is required to verify and confirm your eligibility for participation in the EnhanceFitness Program and its associated classes. Silver&Fit participants may attend up to 10 class dates per month.

11. Does your insurance plan include One Pass? ○ Yes ○ No

a. One Pass Code:

Your One Pass Code is required to verify and confirm your eligibility for participation in the EnhanceFitness Program and its associated classes. One Pass participants may attend up to 10 class dates per month.

Health History

Your Name:

Your Home Phone:

Emergency Contact Information:

Name/ relationship:

Phone:

What medications do you take?

Do you have any allergies to food or medications? If yes, please list:

What do you wish to accomplish by participating in this exercise program?

Your Doctor's Name:

Doctor's Phone:

Clinic Name, Mailing Address:

City: State: WA Zip Code:

Chronic Conditions

Have you ever been told by a doctor or other health professional that you have any of the following conditions (Mark all that apply.)

- ☐ Arthritis
- ☐ Rheumatic disease
- ☐ Cancer
- ☐ Diabetes
- ☐ Depression
- ☐ Heart Disease
- ☐ Hypertension
- ☐ Lung disease/ Breathing problems

OR

- ☐ No chronic conditions

Other Conditions

- ☐ Alzheimer's Disease
- ☐ Artificial Joint
  - where?
- ☐ Back problems
- ☐ Blackouts
- ☐ Broken bones
- ☐ Chest pain/ angina
- ☐ Cholesterol > 240
- ☐ Congestive heart failure
- ☐ Dizziness or blurred vision
- ☐ Double vision
- ☐ Emphysema
- ☐ Fall(s)
- ☐ Foot/ ankle swelling
- ☐ Heart attack
- ☐ Heart surgery
- ☐ Hernia
- ☐ Irreg./rapid heart beats
- ☐ Knee injuries
- ☐ Macular degeneration
- ☐ Memory loss
- ☐ Multiple sclerosis
- ☐ Osteoporosis
- ☐ Pacemaker/ defib.
- ☐ Parkinson's Disease
- ☐ Poor leg circulation
  - which leg?
- ☐ Seizures or epilepsy
- ☐ Severe headaches
- ☐ Shortness of breath
- ☐ Smoking
  - #/day:
- ☐ Stroke
- ☐ Surgery in past year
- ☐ Unsteadiness
- ☐ Weakness

Other conditions or additional information:

Self-Assessment

	Yes	No
Do you believe you are physically fit?	◯	◯
Are you happy with your current weight?	◯	◯
Can you stand up from a chair without using the arms?	◯	◯
Can you get up from the floor without assistance?	◯	◯
Can you stand on one leg without support?	◯	◯
Can you walk up and down steps without using the handrail?	◯	◯
Can you walk around a city block without being short of breath?	◯	◯

What exercise do you currently do on a regular basis? (Please check all that apply and enter number of times per week next to the right of the exercise name.)

- ☐ Walk
- ☐ Jog
- ☐ Row
- ☐ Yoga
- ☐ Bike
- ☐ Dance
- ☐ Swim
- ☐ Stretch
- ☐ Skate
- ☐ Tai Chi
- ☐ Tennis
- ☐ Weight Lift
- ☐ Martial Arts
- ☐ Aerobics
- ☐ Other:

Where would you like to attend class if available?

- ◯ Garfield Community Center
- ◯ High Point Community Center
- ◯ Jefferson Community Center
- ◯ Magnuson Community Center
- ◯ Meadowbrook Community Center
- ◯ Miller Community Center
- ◯ Montlake Community Center
- ◯ Queen Anne Community Center
- ◯ Rainier Community Center

I, , hereby acknowledge that all the above information is true. I release Sound Generations (Seattle, WA) and all of its agents from all liability for any accident, injury or damages of any kind to persons or property that might occur while I participate in an EnhanceFitness® class.

Signature: *Date:*

SOUND generations

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