

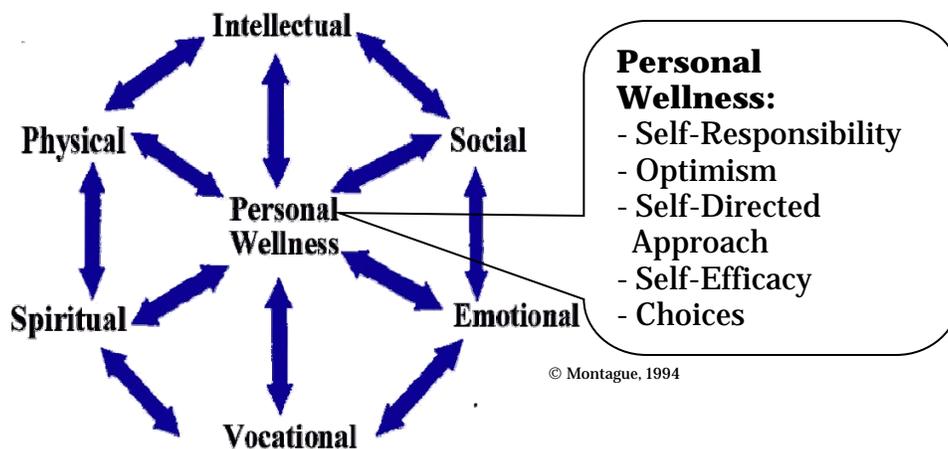
Campbell County Senior Center Wellness Center

2006 NuStep Pinnacle Award Winner

3504 Alexandria Pike
Highland Heights, Ky 41076
859 547-3665

smanhardt@campbellcountyky.org

I welcome this day full of opportunities and challenges.



Our goal is to guide you on your personal wellness journey. We will do this by offering you the resources to enhance, improve and balance your wellness dimensions.

Amenities include strength training and cardiovascular fitness equipment, as well as miscellaneous equipment designed to improve flexibility, balance, and core strength. A variety of wellness programs are offered, and our staff is well trained and enthusiastic. We look forward to meeting with you and sharing in your wellness experience.

Congratulations on your first step in your wellness journey.

We look forward to seeing you soon!!



About the Center

- Membership is open to those 60 years of age and older.
- Hours of operation are Monday through Friday 8:30 am – 3:00 pm. Closed Saturday & Sunday.

How to Become a Member

- Pick up a Registration Packet.
- Take the Physician letter and the Physician Recommendation Form (pages 4 & 5) to your doctor to be filled out.
- Complete the required paperwork including the Health/Medical History Questionnaire, Rules/Regulations and Membership Agreement.
- Once all the forms have been completed, call the Wellness Center at to schedule a Wellness Assessment. (859) 547-3665

Membership Rates

- Membership is free.
- Some programs/classes/workshops may have a suggested donation.
- Donations are accepted and appreciated. Checks can be made payable to the Campbell County Senior Center.

Wellness Center Equipment

- Cardiovascular equipment- Arc Trainer, Upper Body Ergometer, NuSteps, Treadmills, and Recumbent bicycles.
- Strength training equipment- machines, free weights and exercise bands.
- Balance and Flexibility equipment.

Meet the Wellness Center Staff

- Sarah Manhardt- Fitness and Wellness Coordinator since 2006
- Veronika Brannock- Assistant Fitness and Wellness Coordinator since 2007

Program Information

Pacesetters: Walking program. Participants track minutes walked on a monthly basis with a goal of 200 minutes a month. Group meets quarterly to celebrate achievements.

Nintendo Wii: Interactive gaming system played on the T.V. Games & activities include bowling, boxing, baseball, golf, tennis, yoga, strength training, aerobics, & balance exercises. Wii Bowling leagues are offered on Mon, Tues., Wed., and Fridays.

Fitness Friends: A low-impact group aerobics class. Class meets three times a week and exercises to a different video tape each day. Try this for a lot of fun and socializing while in a group.

- Mondays, Wednesdays, Fridays 9:30 am – 10:30 am

Yoga for the Young at Heart: Learn easy stretches and postures designed to increase strength and flexibility, relieve tension, and bring relaxation and balance into your life.

- Tuesdays 12:00-1:00 PM. Donation \$18/6 week session.

W.O.W: Workout on Wednesdays is an upbeat exercise class combining cardio, strength, flexibility, and balance training for a great whole body workout. All fitness levels welcome.

- Wednesdays 11:15am – 12:15pm. Donation \$1 per class.

Tai Chi: **Tai Chi for Health** is easy to learn, safe and requires no experience. Tai Chi has been shown in studies to improve balance, reduce stress and reduce the pain of arthritis.

- Wednesdays 1:45-2:45 PM. Donation \$18/6 week session.

Chair Volleyball: Played similarly to standard volleyball, but players remain seated and use a beach ball.

- Mondays, Wednesdays and Fridays at 1:00pm.

Wellness Clinic: A nurse will be onsite monthly for free weight, blood pressure, blood sugar, and cholesterol checks.

- Third Monday of every month from 9:30 – 11:00am.

**Please check the monthly calendar for current program schedules.

Campbell County Senior Center
Wellness Center
3504 Alexandria Pike
Highland Heights, KY 41076
859-547-3665 fax 859 572-4303

Dear Physician,

_____ (name) is interested in becoming a member of the Campbell County Senior Center. The Wellness Center staff, guided by the American College of Sports Medicine, recommends individuals obtain a physical prior to beginning an exercise program. Please review and verify the enclosed forms: *Physician's Recommendation* and *Health/Medical History Questionnaire*. Please note any individual instructions that the wellness staff should consider.

The Campbell County Senior Center reflects a philosophy that emphasizes a holistic approach to health promotion. Comprehensive programming encourages participants to continually develop, improve, and balance all six wellness dimensions: emotional, intellectual, physical, spiritual, social, and vocational. Aspects from each of the six dimensions are integrated into all phases of programming.

Membership to the Senior Center and Wellness Center is open to those 60 years and older. The Wellness Center is staffed by trained professionals, and amenities include strength training and cardiovascular equipment, as well as miscellaneous fitness equipment designed to improve flexibility, balance, and core strength. Programs include lifetime learning lectures, wellness walks, low impact aerobics classes, Yoga, Tai Chi, chair volleyball, massage therapy, and functional fitness assessments.

Forms may be mailed or faxed to the Wellness Center. If you have any questions or concerns, please call us at 859-547-3665.

Sincerely,

Sarah Manhardt

Fitness and Wellness Coordinator
Campbell County Wellness Center

Campbell County Senior Center
Physician's Recommendation Form
Fax: (859)572-4303

Date: _____ Member # _____

Patient's Name: _____

Physician's Name: _____ Physician's License # _____

Physician's Statement:

- () It is my *recommendation* that the above named individual participate in physical activity. Recommended Activities: Check activities or Circle All

<u>Cardiovascular Exercise:</u> All	<u>Strength Training:</u> All
_____ Treadmill	_____ Upper Body
_____ NuStep (Recumbent Stepper)	_____ Lower Body
_____ Arc Trainer (Elliptical Stepper)	
_____ Recumbent Bike	
_____ Upper Body Ergometer	

- () It is my recommendation that the above named individual participate in physical activity **however avoid the following activities.**

<u>Cardiovascular Exercise:</u> All	<u>Strength Training:</u> All
_____ Treadmill	_____ Upper Body
_____ NuStep (Recumbent Stepper)	_____ Lower Body
_____ Arc Trainer (Elliptical Stepper)	
_____ Recumbent Bike	
_____ Upper Body Ergometer	

Comments: _____

These recommendations are valid for:

3 months 6 months 1 year 2 years

Physician's Signature: _____

Phone Number: _____ Fax Number: _____

Member Statement (Date / Initial)

_____/_____/_____ I have read or been informed of the *Physician's Recommendation Form* as stated above. I **agree** to adhere to any limitations noted.

Health/Medical History Questionnaire

Date: _____

Membership # _____

Last Name	First Name	Middle Initial	Email address
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Address	City	State	Zip
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Male Female Age _____ Birth Date ____/____/____

Home Phone Number	Work Phone Number
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Emergency Contact	Phone Number	Relationship
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Physician's Name	Phone Number	Fax Number
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Address	City	State	Zip
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If you have a living will, you may give us a copy.

A. Demographic Information

Please circle.....

Do you live alone? Y or N	Are eligible for USDA meal? Y or N
Do you live in a rural area? Y or N	Are you a veteran? Y or N
Do you live in poverty? Y or N	Are you a veteran dependent? Y or N
Are you disabled? Y or N	Are you receiving Social Security? Y or N
Are you head of household? Y or N	Are you eligible for Medicare? Y or N
What is your employment status ? _____	

B. Renewing Members Only: Have any previous conditions changed or have any new conditions developed within the last year? **Yes or No**

If **yes**, please indicate below. If **no**, you may stop here.

C. **Personal Medical History:** Do you have or have you had any of these conditions?

Yes Describe condition (include date of occurrence)

1. **General:**

- Heart Disease _____
- Cancer _____
- High/Low Blood Pressure _____
- High cholesterol/Triglycerides _____
- Stroke _____
- Diabetes _____
- Chest Pain/Angina _____
- Irregular/Rapid heart beats _____
- Respiratory Disorders _____
- Anemia _____
- Emotional Disorders _____
- Peripheral Vascular Disease _____
- Uncorrected Visual Problems _____
- Recent Illness _____
- Incontinence _____
- Hearing Problems _____

2. **Musculoskeletal Conditions:**

- Arthritis _____
- Osteoporosis _____
- Painful Joints _____
- Swelling in Joints _____
- Muscular Weakness _____
- Muscle Pain _____
- Previous Injuries/Fractures _____
- Joint Replacement _____
- Other: _____

3. **Neurological Conditions:**

- Lightheadedness/Dizziness _____
- Balance Problems _____

4. Please list any and all illnesses, hospitalizations, or surgical procedures within the past **2 years.**

5. Please list **all** medical conditions that are currently being supervised by a physician.

6. Has a physician restricted activities due to a medical condition or surgical procedure?
If yes, please describe.

7. Do you currently have a condition that would affect your ability to do strenuous exercise? If so, please describe:

D. Medication – Prescribed or over-the-counter

1. Are you taking any of the following medications?

	<u>Yes</u>	<u>Medication Name</u>	<u>Condition ?</u>	<u>How long?</u>
Anti-depressants	_____	_____	_____	_____
Tranquilizers	_____	_____	_____	_____
Sleeping pills	_____	_____	_____	_____
Anticoagulants	_____	_____	_____	_____
Blood Pressure	_____	_____	_____	_____
Cholesterol	_____	_____	_____	_____
Med. for arrhythmia	_____	_____	_____	_____
Insulin	_____	_____	_____	_____
Oral diabetic medication	_____	_____	_____	_____
Estrogen	_____	_____	_____	_____
Thyroid hormones	_____	_____	_____	_____
Anti-inflammatory	_____	_____	_____	_____
Ulcer medication	_____	_____	_____	_____
Allergy medication	_____	_____	_____	_____
Antihistamines	_____	_____	_____	_____
Diuretics	_____	_____	_____	_____
Pain medication	_____	_____	_____	_____
Other:	_____	_____	_____	_____
	_____	_____	_____	_____

2. Allergies/Allergic reactions to the following: _____

The information I have provided on the health medical questionnaire is true and correct, to the best of my knowledge. I have no additional health/medical information that should be brought to the attention of the Campbell County Senior Center.

Member's Signature _____ Date _____

Wellness Center Staff _____ Date _____

Campbell County Wellness Center

Rules and Regulations

GENERAL RULES AND GUIDELINES

1. Posted rules and policies are subject to change.
2. Employ proper etiquette, language and courtesy to all members. This includes conduct and following time limits on equipment.
3. Wellness Center Dress Code: Appropriate shoes, shirt, shorts or slacks. No open toe or hard sole shoes are permitted on the equipment.
4. No smoking in any areas of the Wellness Center.
5. Equipment &/or Facility Closure: Repairs and/or maintenance may make it necessary for the Wellness Center to temporarily limit equipment or even close. In this unforeseen instance, we will be unable to reduce or suspend your obligation of your membership fee.
6. Membership Registration Packet: Completion of the Membership Agreement, Health/Medical History and Physician Recommendation Form are required before commencement in any and all programs/activities/events by and through the Wellness Center. (See Physician Recommendation Form below for further explanation).
7. Membership is open to individuals age 60 and over.
8. All members must sign-in at the front desk upon entering the Wellness Center.
9. Only water, in a closed non-glass container is permitted in the Wellness Center unless deemed necessary by a scheduled program or event.
10. Weather Closure Policy - The Wellness Center may close during inclement weather.
11. Telephone Policy - Telephone use is for emergencies only.

HEALTH/MEDICAL HISTORY FORM & PHYSICIAN RECOMMENDATION FORM

1. It is in your best interest to inform your physician of your interest to begin an exercise program, however this recommendation may be waived if:
 - a. You are not under a physician's care.
 - b. Have not experienced any hospitalization, illnesses or surgical procedures within the past 2 years.
 - c. You are not currently taking any prescribed medication.
 - d. There are no conditions present that hinder involvement, however, this will be decided upon review of the Health/Medical History.
2. Members must notify the Wellness Center and disclose any conditions or restrictions that could create risk or harm to that member or other members or staff with exercise. New medications and/or new health conditions will merit an updated Physician Recommendation Form.
3. Where necessary and agreed upon by member and staff, the Wellness Center staff will contact a member's physician or therapist to coordinate a prudent program for a member's situation.
4. The member is ultimately responsible for completing and turning in required paperwork in particular any forms sent to their physician. Forms can be faxed or mailed to the Wellness Center.

SCHEDULED PROGRAMS AND ACTIVITIES

1. All programs/activities included in the *Basic Membership* are/are not subject to extra fees.
2. All members must pre-register for all programs and activities to ensure proper space and equipment. All members are expected to call and cancel if they are unable to attend.
3. All programs and activities are limited to the room's capacity. If there are cancellations or no-shows those members on the waiting list will be notified. The waiting list is on a first come, first serve basis.
4. Classes/Programs/Activities may be cancelled or changed any time based upon level of attendance, instructor availability, seasonal demand and member request.
5. The Wellness Center will make every effort to accommodate individual needs within the class, but may be required to restrict participation privileges if there is concern for the member's personal safety and well-being, and/or the safety of the other members in the class. The right to restrict participation privileges temporarily or permanently remains the sole discretion of the Wellness Center based upon instructor assessment of the situation.
6. The Wellness Center will provide a written schedule of programs and activities that will be conducted in the Wellness Center.

HEALTH AND SAFETY REGULATIONS

1. The Wellness Center may revoke or deny the membership of any member whose use of the facilities, in the Wellness Center's sole judgment, creates a danger of health or a safety hazard to the member or other members.
2. The Wellness Center has the right to require an initial or a second statement of physical health from a member's physician. Should there be a change in health status or medication, the member should submit an updated Physician Recommendation Form.
3. It is highly recommended that members' participating in any and all activities or events leave currently prescribed medication, i.e., inhalers, nitroglycerine, etc. with the Wellness Center Staff.
4. It is highly recommended members bring small towels and water.
5. All program participants must properly warm-up prior to the start of a program and cool-down at the end of the program.
6. The Wellness Center will provide appropriate training information, i.e., target heart rate or perceived exertion scales and instruct members in self-monitoring techniques so they can safely monitor their levels of exertion.
7. The exercise leader or instructor will inform members of the risks, possible injury, limitations and benefits of any exercise or program being performed.
8. Members are expected to wipe off equipment in the Wellness Center, (i.e., equipment, controls, seats, railings) upon completion of their workout.

MEMBERSHIP AGREEMENT

1. All members voluntarily agree to the Membership Agreement that includes Assumption of Risk, Waiver/Release of Liability, Indemnification and Hold Harmless and Severability and Venue.
2. The Wellness Center shall not be responsible or liable to members for articles damaged, lost or stolen in or about the Wellness Center, or for loss or damages to any property including, but not limited to, automobiles and the contents thereof.

Campbell County Senior Wellness Center MEMBERSHIP AGREEMENT

For the mutual benefit of all members of Campbell County Senior Wellness Center (dba CCSWC) member agrees to abide by all Rules adopted by CCSWC for use of its facilities and equipment. Member shall notify CCSWC of any change in physical condition that may impair member's ability to engage in any activity at Campbell County Senior Wellness Center. Member agrees to participate in assessments by CCSWC staff to determine physical and functional fitness to participate in the use of its equipment, facilities, and programs. If CCSWC determines in its sole discretion that member's physical condition presents any risk to member or others, CCSWC may suspend, terminate, or refuse to renew this membership. The CCSWC observes the same holidays closures as the Senior Center. CCSWC may close occasionally for periodic maintenance. All members must complete a Registration Packet prior to using the Wellness Center. Any violation of Campbell County Senior Wellness Center's Rules or any terms of any written agreement with CCSWC may result in member's termination, suspension, or refusal of CCSWC to renew membership.

ASSUMPTION OF RISK, WAIVER, AND RELEASE OF LIABILITY

In consideration of the permission to use the facilities, equipment, services, premises, and products provided at Campbell County Senior Center and Campbell County Fiscal Court (collectively referred to hereafter as CCSC & CCFC) today, and at any time in the future, I understand and voluntarily agree to all of the following:

Assumption of Risk: I understand that any physical activity carries with it an inherent risk of injury. Strength training can involve strenuous exertions of various muscles placing stress on the muscles, bones, and joints. Cardiovascular training can involve sustained physical activity placing stress on the heart, arteries, and blood pressure. Risk of injury may be minor such as soreness, sprains, strains, and bruises, or serious such as heart attack, stroke, paralysis, and death. I understand these risks and voluntarily agree to assume all risk of injury or illness associated with physical exercise whatever the cause.

Waiver and Release of Liability: I agree on behalf of myself, my spouse, my heirs, personal representative, assigns, and anyone else claiming by or through me to release, waive, and discharge CCSC & CCFC, its directors, officers, owners, employees, volunteers, independent contractors, agents, assigns, successors, vendors, suppliers, equipment manufacturers, lessors, consultants, members, and all others associated with CCSC & CCFC from all liability from any and all claims, demands, or suits arising from the acts, failure to act, or conduct of any of them arising from their negligence (whether ordinary or gross), breach of duty, or any other theory of legal liability for (1) any physical or emotional injury or illness suffered by me (including death) arising from my attending CCSC & CCFC or using its equipment, facilities, services, products, or premises; and (2) any damage to, loss of, or theft of my property.

Indemnification and Hold Harmless: I agree on behalf of myself, my spouse, my heirs, personal representative, assigns, and anyone else claiming by or through me to indemnify and hold harmless CCSC & CCFC by paying all costs and attorneys fees incurred by CCSC & CCFC in investigating and defending a claim or suit if my claim or suit is withdrawn, or if a court determines for whatever reason that CCSC & CCFC is not liable for the injury or loss.

Severability and Venue: This agreement is intended to be interpreted as broad and as inclusive as permitted by the laws of Kentucky to relieve CCSC & CCFC from any liability for any and all claims for damages due to injury or property loss based on any legal theory. If any portion of this agreement is held invalid, the balance of the agreement shall continue in full legal force. Any legal action shall be brought in Campbell County, and this agreement shall be interpreted under the laws of Kentucky.

I Have Read and Understand this Agreement and I Voluntarily Agree to All of its Terms Including the Waiver of My Right to Sue CCSC & CCFC and Any One Associated with CCSC & CCFC for Injury to Me.

Date: _____ **Signature of Member** _____