

Always ActiveSM Registration Form

Date of Enrollment: _____ Person Completing Form: _____ Agency: _____

GOLD CARD ID # _____

Registered at Senior Center? What Center: _____

Last Name: _____ First Name: _____ Middle Name: _____

Date of Birth: _____ Age: _____

Address: _____ Cross Street: _____

City: _____ State: _____ Zip Code: _____ County: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Emergency Contact Information:

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Physician's Contact Information: _____

Additional Information:

Gender: Male Female Transgender Unknown Declined to state

Sexual Orientation: Heterosexual Bisexual Gay Lesbian Declined to state

Ethnicity: _____ Preferred Language: _____

English Fluency: Fluent Limited Needs Translation Unknown

Special Needs Assessment: Low-income (self-reported) Frail (req. assistance, cane, walker, many falls)

Health-Care Provider/Insurance: _____

Always Active Liability Release Form-English



RELEASE FORM FOR THE ALWAYS ACTIVE PROGRAM

1. **VOLUNTARY PARTICIPATION:** I, _____
(name of participant) acknowledge that I have voluntarily applied to participate in the Always Active Program for seniors at one of the premises of Always ActiveSM located in the city and county of San Francisco, California.

2. **ASSUMPTION OF RISK:** I am aware that participation in the Always Active Program may be a hazardous activity due to my age and/or physical condition. I am voluntarily participating in these activities with knowledge of the danger involved. I hereby agree to accept any and all risks of injury or death, and verify this statement by placing my initials here. _____

3. **RELEASE:** As consideration for being permitted by Always ActiveSM to participate in this Program, I hereby agree that I, my assignees, heirs, distributees, guardians and legal representatives will not make a claim against Always ActiveSM, 30th Street Senior Center, a program of On Lok Day Services, San Francisco Senior Center, Inc., University of San Francisco, and any or all other local Senior Centers offering the Always ActiveSM Program for my injury or death resulting from the negligence or other acts, howsoever caused by any employee, agent or contractor of Always ActiveSM, 30th Street Senior Center, a program of On Lok Day Services, San Francisco Senior Center, Inc., University of San Francisco, and the local Senior Center offering the Always ActiveSM Program in connection with my participation in this Program. I hereby release Always ActiveSM, 30th Street Senior Center, a program of On Lok Day Services, San Francisco Senior Center, Inc., University of San Francisco, and the local Senior Center offering the Always ActiveSM Program from all actions, claims or demands that I, my assignees, heirs, distributees, guardians and legal representatives now have or may hereafter have for injury or death to me resulting from my participation in this Always ActiveSM

4. **KNOWING AND VOLUNTARY EXECUTION:** I have carefully read this release and fully understand its contents. I am aware that this is a release of liability and a contract between myself, 30th Street Senior Center, a program of OnLok Day Services, San Francisco Senior Center, Inc., and the University of San Francisco, and I am signing it of my own free will.

5. I have been advised that it is a good idea to see my doctor before beginning this program.

EXECUTED AT SAN FRANCISCO, CALIFORNIA ON

Date: _____

RELEASOR

(YOUR SIGNATURE)

Always Active Liability Release Form-English



**RELEASE FORM FOR THE ALWAYS ACTIVE PROGRAM
DECLARATION OF WITNESS**

I certify that _____

acknowledged in my presence that (he / she) had read and fully understood the meaning and consequences of the foregoing release, and signed it in my presence.

Executed at San Francisco, California, on

Date:

(Signature of Witness)

30th Street Senior Center, a program of OnLok Day Services
225 30th Street, 3rd Floor
San Francisco, CA 94131

San Francisco Senior Centers, Inc.
890 Beach Street
San Francisco, CA 94109

University of San Francisco
2130 Fulton Street
San Francisco, CA 94117



Always Active / Siempre Activo
Medical History Form / Cuestionario de Historia Medica

Name/Nombre: _____

Date/Fecha: _____

Gold Card ID#: _____

Please read the questions carefully and mark an **X** for each. Please answer the questions honestly.
Por favor lea todas las preguntas con cuidado y marque una X en cada una. Por favor conteste las preguntas honestamente.

YES/SI NO

Has your doctor told you that you need medical supervision during exercise because of your health status?

If yes, please explain: _____

¿Alguna vez le ha dicho su doctor que necesita supervisión durante ejercicio por alguna razón sobre de su salud?

Si su respuesta es sí por favor explique: _____

Do you feel pain, pressure, heaviness, or tightness in your chest when you do physical activity?

¿Siente usted dolor, presión, o pesado en su pecho cuando esta haciendo alguna actividad física?

In the past month, have you had chest pain when you were NOT doing physical activity?

¿Durante el último mes ha sentido dolor en el pecho aún cuando no esta haciendo una actividad física?

Do you currently lose your balance because of dizziness during exercise or physical activity?

¿Actualmente pierde el balance o se siente mareado cuando hace ejercicio u otra actividad física?

Have you ever experienced heart failure or other heart conditions?

If yes, when: _____

¿Alguna vez le ha fallado el corazón o una condición con relación al corazón?

Si su respuesta es sí, ¿cuándo? _____

Medical history form continued...

YES/SI NO

Do you have a bone or joint problem that could be made worse by a change in your physical activity?

¿Tiene usted algún problema con los huesos o coyunturas que podría empeorar si cambia el nivel de actividad física?

Is your doctor currently prescribing drugs for your blood pressure or a heart condition?

¿Actualmente su doctor le esta prescribiendo medicina para la presión o para alguna condición del corazón?

Have you experienced hip or knee surgery ?

¿Alguna vez a tenido cirugía en la cadera o en las rodillas?

Have you experienced back problems?

¿Alguna vez a tenido problemas en la o con la espalda?

Do you know of any other reason you should not do physical activity?

If yes, explain: _____

¿Sabe usted de alguna otra razón por la cual no debería hacer actividades físicas?

Si su respuesta es sí por favor explique: _____

Note: This form is valid for a maximum of 12months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the questions above. Nota: Esta forma esta valida por un maximo de 12 meses desde la fecha cumplido y será invalido si su condición cambia y tu respuesta para cualquier de las preguntas arriba es SI.

I certify that all the information in this form is correct to the best of my knowledge and will notify AA/SA instructor or assistant of any changes in my health that may be affected by physical activity or exercise.

Yo certifico que la información suministrada es correcta al mejor de mi conocimiento y que le avisare al coordinador del programa si cambian mis condiciones para hacer ejercicio o actividad física.

Signature / Firma: _____

Date / Fecha: _____

Name in block letters / Nombre en letra de molde _____

When was your last physical exam (month and year): _____

¿Cuándo fue su último examen físico? (Mes y año): _____