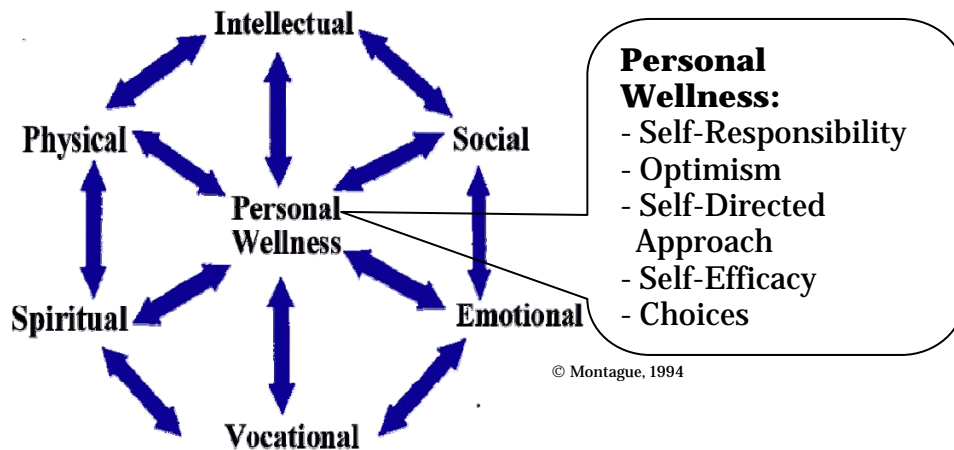


Campbell County Senior Center
Wellness Center
3504 Alexandria Pike
Highland Heights, Ky 41076
859 547-3665
smanhardt@campbellcountyky.org

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 equipment, cardiorespiratory fitness equipment, and education, activities, and a variety of wellness programming. Our staff is well trained and enthusiastic. We look forward to getting to know you and sharing in your wellness experience.

Congratulations on your first step in your wellness journey.

We look forward to seeing you soon!!



Hours of Operation

Monday through Friday 8:30 am – 3:00 pm. Closed Saturday & Sunday.

How to become a member: Registration Process

1. Pick up a Registration Packet
2. Make an appointment with your physician. Bring the Physician Letter, which describes the Wellness Center's programs. Your physician needs to sign the Physician Recommendation Form.
3. Complete Health Medical History, Rules/Regulations & Membership Agreement.
4. Once you have completed the Registration Packet, call the Wellness Center to schedule a Wellness Assessment.

Membership Rates

- Membership to the Wellness Center is open to those 60 years of age and older.
 - Campbell County Residents: Registration & Membership fee waived
 - Registration Fees are a "one-time fee" as long as memberships remain active.
 - Registration fees will be reapplied if membership is dropped for more than 3 months.
 - Membership is January 1 – December 31 (prorated upon registration)
 - Payments can be made by check, cash, or money order only.
 - Checks are payable to the Campbell County Fiscal Court.
 - Membership rates can be paid
 - One time in full
 - Twice a year, January and July
- Some programs/classes/workshops have a fee.
- Donations are accepted and appreciated. Checks can be made payable to "The Campbell County Senior Center"

<u>Yearly Memberships</u>	Registration Fee	Annual Fee	Total
Single Out-of-County	\$ 10.00	\$ 180.00	\$ 190.00
Couple Out-of-County	\$ 20.00	\$ 240.00	\$ 260.00

Daily Program Description

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.

Health Rhythms: Experience the benefits of recreational music making with this group drumming circle. No musical experience is necessary!

- Wednesdays at 10:30am

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.

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.

- Tuesdays 2:00-3:00 PM. Donation \$18/6 week session.

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

- Wednesdays at 1:30pm

Monthly Wellness Workshop: These presentations are 45-60 minutes and focus on a selected whole person wellness topic such as Fall Prevention, Physical Wellness, humor, etc.

**Check monthly calendar for current program schedules.

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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

Wellness Coordinator
Campbell County Wellness Center

**Campbell County Senior Center
Physician's Recommendation Form**

Date: _____

Member # _____

Information requested for: _____

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

Cardiovascular Exercise: All

Strength Training: All

- ____ Treadmill
____ NuStep (Recumbent Stepper)
____ Arc Trainer (Elliptical Stepper)
____ Recumbent Bike
____ Upper Body Ergometer

- ____ Upper Body
____ Lower Body

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

Cardiovascular Exercise: All

Strength Training: All

- ____ Treadmill
____ NuStep (Recumbent Stepper)
____ Arc Trainer (Elliptical Stepper)
____ Recumbent Bike
____ Upper Body Ergometer

- ____ Upper Body
____ Lower Body

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
-----------	------------	----------------	---------------

Address	City	State	Zip
---------	------	-------	-----

Male Female Age _____ Birth Date ____/____/____

Home Phone Number _____

Work Phone Number _____

Emergency Contact	Phone Number	Relationship
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Physician's Name	Phone Number	Fax Number
------------------	--------------	------------

Address	City	State	Zip
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If you have a living will, you may give us a copy.

A. 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.

B. 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:**

	<u>Yes</u>	<u>Describe condition (include date of occurrence)</u>
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:

C. 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** _____