

REGISTER HERE

Participant First & Last Name _____

D/O/B _____ Age _____

Gender M F Unspecified

Address _____

City _____ State, Zip _____

Email _____

Phone _____

Sessions 1 5 10

Emergency Contact Information

Name _____

Phone # _____

I understand and agree that neither the Harrison Family YMCA nor co-sponsoring organizations or their respective chapters, officers, directors, employees, agents, members or volunteers shall assume or have any responsibility or liability for expenses or medical treatment or form compensation for any injury may suffer during or resulting from my participation in this program. I do hereby, for myself, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages that I may have or that may hereafter accrue to me arising out of or in any way connected with my participation in this program. I also represent and warrant that I have been advised to seek consultation from my doctor about whether I can safely participate in this program and whether there are precautions or limitations to my participation.

Signature _____

Date _____

NONPROFIT
ORGANIZATION
U.S. POSTAGE
PAID
ROCKY MOUNT, NC
PERMIT NO. 290

HARRISON FAMILY YMCA
1000 Independence Drive
Rocky Mount, NC 27804
P 252-972-9622
harrisonfamilyY.org



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

IMPROVING HEALTH ISSUES

Medical Exercise Training

HARRISON FAMILY YMCA



ABOUT MEDICAL EXERCISE TRAINING

This program applies the principles of exercise science, health coaching, nutrition, psychology, corrective exercise, therapeutic exercise, and pathophysiology to develop health and fitness programs for special-population clients with health issues (e.g. cardiovascular, pulmonary, metabolic and musculoskeletal) in order to facilitate lasting behavioral change and improve client health, function and well-being.

Benefit for you

The CMES has expertise in conducting assessments and designing comprehensive health and fitness programs to help clients prevent and manage disease, avoid injuries, improve overall wellness and function throughout all phases of medical intervention and return to desired activities following rehabilitation.

Medical Clearance

We will require a medical clearance from your physician and indications of any limitations that you may have related to your conditions.



YOUR CERTIFIED MEDICAL EXERCISE SPECIALIST

Joy Lane
jlane@rmymca.org
252-972-9622 x. 246

Please know that our Certified Medical Exercise Specialist (CMES) will not diagnose or provide any aspect of medical treatment of a client's condition. There will be communication, as needed, between the CMES and physician on short term goals, long term goals, contraindications, precautions, restrictions, recommendations, physical limitations, and special considerations.

Our CMES has a scope of practice that includes:

- Conducting health history interviews to identify risk factors or known diagnoses of cardiovascular, pulmonary, metabolic, musculoskeletal, and other diseases, injuries and ailments that require specialized considerations for exercise participation and the need for healthcare referrals
- Assessing posture, balance, kinetic-chain stability and mobility, functional movement patterns, coordination, and gait
- Identifying and conducting appropriate assessments to determine cardiorespiratory fitness, muscular endurance, muscular strength, and flexibility
- Guiding clients through realistic goal setting based on their expectations and limitations, assessment data and recommendations from health care professionals
- Designing and delivering preventive programs for at-risk clients to help them improve health, fitness and function while mitigating the risk of diseases, disorders, ailments, and injuries
- Educating clients on specific health behaviors and self-monitoring tools to enhance program adherence, safety, and success
- Instructing clients on safe and effective exercise techniques using appropriate communication, coaching, and cueing strategies to optimize program outcomes and build self-efficacy

FEES

Session Options	Y Member Fee	Community Member Fee
Single Session	\$45	\$55
Five Sessions	\$200	\$250
Ten Sessions	\$350	\$400

HOW TO REGISTER

Registration Options

1. Online at harrisonfamilyy.org/programs
2. In-person at the Harrison Family YMCA front desk, located at 1000 Independence Drive in Rocky Mount, NC

Scheduling & Registration Info

- After registering, our CMES will call you to schedule an appointment.
- If a client must cancel, they must notify the CMES at least 12 hours in advance or it could result in forfeiting a session.
- In the case of cancellation by the participant, 15% of the program fee will be non-refundable.

WELCOME TO ALL

Financial Assistance is available to those who apply and qualify. Annual Support Campaign Funds are raised each year to help provide this program to the community. Please ask for a financial assistance form at the front or download and print from our website. Should you have questions regarding your financial assistance, please e-mail customerservice@rmymca.org or call 252-972-9622 x.258