

# REGISTER HERE.

Participant's Name \_\_\_\_\_

Birthdate \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Phone \_\_\_\_\_

# of Sessions \_\_\_\_\_

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.

Participant Signature

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

[www.harrisonfamilyY.org](http://www.harrisonfamilyY.org)



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# EXERCISE IS MEDICINE

**POST-REHAB  
EXERCISE PROGRAM**

**HARRISON FAMILY YMCA**



## ABOUT THE POST-REHAB EXERCISE PROGRAM

This program is the development and implementation of fitness programming intended for clients who suffer from chronic diseases, disabilities and potentially debilitating medical conditions such as strokes or heart disease. It is also for clients that have been released from physical therapy, as advised by their doctor. Please know that our Post-Rehabilitation Fitness Specialist will not provide any aspect of medical treatment of a client's condition.

If needed, there will be communication between Post-Rehab Exercise Specialist and Doctor on short term and long term prescribed goal status.

### AFPA POST-REHAB EXERCISE SPECIALIST

#### SHARON SIMONS

Our specialist is knowledgeable about anatomy, exercise physiology, injury prevention, monitoring of exercise intensity, heart rate & blood pressure levels, muscle atrophy and nerve damage. You will always be given a customized program tailored to you individual medical needs. Contact her below:

252-972-9622 x. 246

ssimons@rmymca.org

## BENEFIT TO YOU

The benefits from a comprehensive fitness program will improve your quality of life and increase independence in daily living.

Using the "exercise is medicine" approach, we will be able to assess, motivate, educate and help clients of all ages regarding their specific health and fitness needs.



## GETTING STARTED

Please complete this registration form and turn into the front desk to register. After registering, our specialist will call you to schedule an appointment.

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

If a client must cancel, they must notify the specialist 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.

Sessions	YMCA Member	Non-Member
Single Session	\$40/hour	\$50/hour
Five Sessions	\$175	\$225
Ten Sessions	\$300	\$400

