



Healthy Lifestyles

FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Arthritis Foundation Exercise Class

Tuesday/Thursday

1:00 - 2:00 pm

YMCA Multipurpose Room

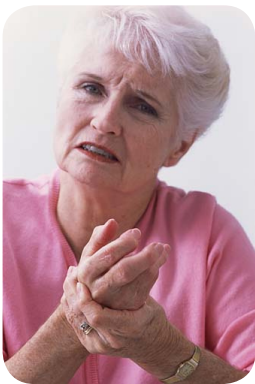
#7218

January 3 - February 23

March 13 - May 3



- The Arthritis Foundation Exercise Program was created for people with arthritis to keep joints flexible, muscles strong and to help reduce the pain and stiffness associated with arthritis.
- With less pain, people with arthritis may be able to reduce their reliance on pain medication.
- The Arthritis Foundation Exercise Program movements were developed by physical therapists to address the pain, fatigue and decreased strength that often accompany the disease.
- While the Arthritis Foundation Exercise Program is a fun, safe way for people with arthritis to stay fit, it should not replace treatment prescribed by a doctor or physical therapist.



Arthritis Foundation
Exercise ProgramSM



ARTHRITIS
FOUNDATION[®]
Take Control. We Can Help.[™]

For more information, contact
Michelle Horn, Healthy Lifestyles Associate
(541) 440-9622 ext 210.

Central Douglas County Family YMCA

(541) 440-9622 www.ymcaofdouglascounty.org



Central Douglas County Family YMCA

Program fee is due upon registration.

ACTIVE ADULTS

YMCA PROGRAM REGISTRATION / RELEASE FROM LIABILITY

YMCA Member

Community Member

Program _____ Date of Program _____

1. Participant's Name _____ Sex: M F Age _____ DOB _____

2. Participant's Name _____ Sex: M F Age: _____ DOB _____

Address _____ City _____ Zip _____

Telephone _____ E-mail _____

Emergency Contact _____ Phone _____ Relation _____

SPECIAL HEALTH NEEDS/REQUESTS: _____

Please initial to indicate agreement with the following two items:

____ I give my permission to the Central Douglas County Family YMCA to use, for publicity purposes, pictures taken of the participant.

____ I support the Central Douglas County Family YMCA philosophy, which is based on participation, fun, physical fitness and health, skill building, teamwork, fair play, family involvement and volunteer leadership.

RELEASE FROM LIABILITY

In consideration of the right to participate in this Central Douglas County Family YMCA (later referred to as the YMCA) program, I waive the right to any and all claims against the YMCA for damages, losses, or injuries suffered by my participating minor child or by me as a participant that arise from this program, including a release of any claims that may be caused in whole or in part by the negligence of the YMCA, its agents, directors, or employees. On behalf of myself, my spouse, my heirs, executors, or assigns, I hereby agree to assume those risks associated with participating in this program and to hold harmless the YMCA and/or its agents for damages suffered by me or my minor child. I also agree to indemnify the YMCA for expenses (including defense and other costs) associated with any claim of damages, injury, or death arising from my or my minor child's participation in this program.

I hereby certify that the above named participant is in normal health and capable of participation in _____ **(specific program name)**. I assume all risks incidental to participation in this program and for transportation to and from the program. I hereby authorize the YMCA to obtain medical treatment for the participant in the event that the adult participant is incapacitated or that the parent/guardian or emergency contact cannot be reached. I understand that the YMCA does not carry accident insurance on its members or participants. All expenses incurred in the treatment of injuries due to accident will be the responsibility of the adult participant or the minor participant's parents/guardians. I am a legally competent adult (18 years or older) who is responsible for the above named participant.

Participant #1 signature: _____ Date _____

Participant #2 signature: _____ Date _____

**If mailing your registration, mail to: (Make checks payable to CDCF YMCA)
Central Douglas County Family YMCA, 1151 Stewart Parkway, Roseburg, OR 97471**

For Office Use Only: Receipt # _____ Receipt Date: _____ Clerk Initials : _____ Total: \$ _____