



Community Fitness Program

909 N. Washington Ave. | Dallas, TX 75246

(phone) 214.820.9396 | (fax) 214.820.8802

Benefits

Providing disabled community members a facility where they can make physical gains in their personal health and fitness at no cost.

Activities

Activities include aerobic and resistance training using cable cross weight machines, bicycles, free weights, upper extremity ergometers, uppertone and motomed. All sessions are **supervised** by a staff member of the inpatient therapy department at Baylor Scott & White Institute for Rehabilitation.

Facility Availability

Baylor Scott & White Rehabilitation's therapy gym in Dallas will be open to the community on Monday and Wednesdays from 4:30 p.m. to 7 p.m. If no participants arrive by 5:30 p.m., then the program will be closed early.

*Each participant must have a current dated referral or prescription from his/her physician for strengthening activities in order to participate. Referral must be updated at least annually or when individual status changes.

Community Fitness Program Guidelines

1. A physician referral and release form is required before starting the program.
2. Renew your forms every year.
3. Sign in at each visit.
4. The participant must represent him/herself in an appropriate manner.
5. The participant will use only the equipment designated for the Community Fitness Program.
6. The participant will assist the supervisor/monitor in tidying the gym following the exercise session.
7. The participant will not attend the Community Fitness Program under the influence of alcohol or illegal drugs. If the participant attends the program under the influence, employees will ask him/her to leave and not to attend the program in the future. If the participant refuses to leave, our staff will contact the police to escort the participant from the building. Our employee will then notify their supervisor about the participant's behavior and removal from the Community Fitness Program.
8. Participants will not interfere with hospital staff and their scheduled duties before, during or after the Community Fitness Program.
9. Participants will not use the standing frame during or after the Community Fitness Program.
10. Participants requiring assistance with free weight equipment will need to bring someone to assist them.
11. Participants requiring assistance with transfers will need to bring someone to assist them.



Community Fitness Program Release Form

Last Name First Name

Street Address

City State Zip

Telephone Number Email

In case of emergency contact:

Name _____

Address: _____

Phone: _____

In consideration of Baylor Scott & White Rehabilitation's acceptance of this application, I hereby, my heirs, executors, and administrators, waive and release any and all rights for damages I or any other persons connected to the program may have against Baylor Scott & White Health, or any other persons connected with this program, their agents, representatives and assigns for any and all injuries suffered by; or illness to, myself resulting from participation in this program.

Signature

Print Name Date

Community Fitness Member Medical Information Form

Do you have any medical conditions related to the following?

Heart	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Balance Disorders	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Lungs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bone/Joint Injuries	<input type="checkbox"/> Yes	<input type="checkbox"/> No	High Blood Pressure	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Seizure	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Circulatory	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Urinary or Kidney	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Neurological	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dizziness	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Spinal Disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fainting	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Pacemaker	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please explain all yes responses: _____

Signature: _____ Date: _____



Community Fitness Program Physician Referral Form

(phone) 214.820.9396 | (fax) 214.820.9616

Patient Name

Diagnosis

Onset

Does this patient have your permission to participate in a community fitness program?

Yes No

Are there any restrictions this patient has in order to participate in a community fitness program?

Yes No

If yes, please list restrictions and precautions:

Referral form must be renewed after one year.

Physician Signature

Date

Physician Printed Name

Witness

Address

City

State

Zip

Phone

Fax