



# nampa recreation center cometogether

Dear \_\_\_\_\_

Name \_\_\_\_\_ (DOB) \_\_\_\_\_ wishes to

\_\_\_\_\_ start an exercise program and/or participate in a fitness assessment

\_\_\_\_\_ use the Power Plate (whole body vibration training)

\_\_\_\_\_ participate in the Balance and Fall Prevention Class

An exercise program is designed to start easy and gradually become more difficult over time based on fitness level.

A fitness assessment involves: blood pressure, weight, body composition analysis, sub maximal cardiorespiratory endurance, flexibility and muscular strength/endurance evaluation.

Power Plate or whole body vibration is a mechanical stimulus characterized by oscillatory motion delivered to the entire body from a platform.

The Balance and Fall Prevention Class focuses on improving lower body strength, endurance, flexibility, balance and bone mass through standing and/or seated exercises.

All training sessions will be administered by qualified personnel experienced in conducting exercise programs, fitness assessments and the use of the Power Plate.

If you know of any reason, medical or other, why it would be unwise for your patient to participate in the above session(s), please indicate so on this form.

If you have any questions regarding the Nampa Recreation Center's training sessions, contact a trainer at (208) 468-5884 FAX (208) 318-2281

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### Medical Professional Report

\_\_\_\_\_ I know of no reason why the applicant may not participate.

\_\_\_\_\_ I believe the applicant can participate, but urge caution with the following things:

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\_\_\_\_\_ The applicant should NOT engage in the following activities:

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\_\_\_\_\_ I recommend the applicant NOT participate.

Medical Professional Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City and State \_\_\_\_\_ Zip \_\_\_\_\_