



## Member Information

**Welcome** to Rock Steady Boxing! We are pleased to welcome you into our program. To begin, please complete the following documents:

1. Member Information Form & Media Release
2. Physician's Medical Release
3. Personal Waiver and Release of Liability

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

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

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Business Phone \_\_\_\_\_ Email \_\_\_\_\_

How did you hear about Rock Steady (circle)? Referral / Media /Website / Other \_\_\_\_\_

## Emergency contact Information

Name \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

Address \_\_\_\_\_

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

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email \_\_\_\_\_

## Parkinson's Information

Date of diagnosis \_\_\_\_/\_\_\_\_/\_\_\_\_

Symptoms (brief description)

**Tremors** \_\_\_\_\_

**Postural Instability** \_\_\_\_\_

**Vision Impairment** \_\_\_\_\_

**Shortness of breath** \_\_\_\_\_

**Fatigue** \_\_\_\_\_

Have you lost your balance or fallen in the past year (circle one)?      Yes      No

Do you take medicine for Parkinson's? If yes, please list:

_____	_____	_____
_____	_____	_____
_____	_____	_____

## Health Information

Do you have a heart condition or have you experienced any chest pain in the last 6 months?    Yes    No    If yes, please explain \_\_\_\_\_

Do you take medicine for depression?    Yes    No

Have you been diagnosed with diabetes?    Yes    No

If yes, what type? \_\_\_\_\_

Do you feel dizzy or unsteady when making sudden changes in movement, such as bending down or turning quickly?    Yes    No

Do you use a walker or wheelchair, or do you need assistance walking?    Yes    No

Are you currently active with any physical activities?    Yes    No

If yes, what type? \_\_\_\_\_

Do you feel unsteady when you are walking or climbing stairs? Yes No

Do you have difficulty sitting down or rising from a seated or lying position? Yes No

Do you have arthritis or problems with your bones and/or joints? Yes No

If yes, please explain \_\_\_\_\_

Have you been diagnosed with any other medical problems we should be aware of?

What do you wish to gain from joining Rock Steady Boxing?

## Media Release

I \_\_\_\_\_ (member name) allow Rock Steady Boxing Foundation to publish or broadcast my image/likeness and/or name for promotional purposes associated with Rock Steady Boxing Foundation.

Signature \_\_\_\_\_