



PROGRAM REGISTRATION FORM

Program Name: \_\_\_\_\_ Program Location & Time: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Start Date: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Insurance ID (BSNENY members only): \_\_\_\_\_ Renewal Date (BSNENY members only): \_\_\_\_\_

Employer: \_\_\_\_\_ Sex:  Female  Male  Other

Address (street, city, state, zip): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Payment mailed (non-BSNENY members only)  Yes  No

I understand that in using my BSNENY wellness benefit, my insurance will be billed for the entire program. I may make up missed classes within my program dates by arranging this with my instructor. Unused classes and classes not made up are forfeited. Sign and date below to confirm you agree with this statement.

Yes      Signature & date: \_\_\_\_\_

Has your doctor ever said that you have a heart condition and should only do physical activity recommended by a doctor?  Yes  No

Do you feel pain in your chest when you do physical activity?  Yes  No

In the past month, have you had chest pain when you were not doing physical activity?  Yes  No

Do you lose your balance because of dizziness or do you ever lose consciousness?  Yes  No

Do you have a bone or joint problem that could be made worse by a change in your physical activity?  Yes  No

Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?

Yes  No

Do you know of any other reason why you should not do physical activity?  Yes  No

Always talk to your doctor BEFORE you start becoming physically active. If you answered NO to all PAR-Q (Physical Activity Readiness Questionnaire) questions, you can be reasonably sure that you can start becoming more physically active – begin slowly and build up gradually.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_