

TOWNSHIP OF TEANECK
Teaneck Recreation Department
Senior Services Center
Richard Rodda Community Center
250 Colonial Court
Teaneck, New Jersey 07666-4862

Phone: 201.837.0171

Fax: 201.837.5011

Fax: 201.837.7187

MEDICAL RELEASE FORM

Participant Information

Name: _____ Phone Number: _____

Address: _____ Date of Birth: _____

Email: _____

Emergency Contact Information

Name: _____ Phone Number: _____

Dear Doctor:

Your patient, _____ (*please print*) wishes to engage in an exercise program at the Teaneck Senior Services Center in order to improve their physical fitness level.

Exercise sessions are rated by level of intensity. Most classes include a warm-up, a cardiovascular component including walking or low-impact movement, resistance training, and a cool-down. Hand weights, bands and balls may be used for resistance training.

Your approval for your patient to participate is mandatory to determine the level of exercise your patient is medically capable of performing.

PLEASE CHECK THE APPROPRIATE LEVEL:

_____ Level 1: includes 5—10 minutes of aerobic movement

_____ Level 2: includes 10—20 minutes of aerobic movement

_____ Level 3: includes 20—50 minutes of aerobic movement

OR

_____ Non-Aerobic Activity: Tai Chi, Yoga, Breathe Stretch Relax, & Osteoporosis Classes

It is requested the information below be completed and returned for your patient. You may fax this form to us at 201.837.5011 or mail it to us at the address listed above. If you have any questions, please call the Center directly at 201.837.0171.

PHYSICIAN'S NAME (*please print*) _____

ADDRESS _____

CITY/STATE/ZIP _____

PHYSICIAN'S SIGNATURE _____

DATE _____