



Lifestyles for the Disabled, Inc.

930 Willowbrook Road, Bldg 12-G, Staten Island, NY 10314
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Medical Release for Fitness Program

Participant: _____

DOB: _____

Lifestyles offer many varieties and levels of physical fitness. Depending on each individual's fitness assessment they will have the opportunity to participate in the following activities:

- Health and wellness Classes (e.g. light aerobics, dance aerobics, chair aerobics)
- Use of fitness equipment (e.g. treadmill, Stairmaster, nautilus)
- Playing outdoor sports (e.g. basketball, tennis, soccer)
- Adaptive recreation

PHYSICIAN'S RELEASE

___ I believe the participant can participate and I hereby medically release him/her.

___ I believe the participant can participate, but recommend the following precautions:

___ I recommend the consumer **NOT** participate at this time.

Signature: _____

Date: _____

Address: _____

Phone: _____

PARENT/ADVOCATE/RESIDENCE CONSENT

Signature: _____

Date: _____

Print Name: _____

Relationship: _____

Address: _____

Phone: _____