

總是活躍健康計劃登記表
Always ActiveSM Registration Form

註冊日期: _____ 表格填寫人姓名: _____ 機構名稱: _____
Date of Enrollment Person Completing Form Agency

[] 是否在耆英中心登記? 中心名稱: _____
Registered at Senior Center? What Center

姓氏: _____ 名字: _____ 中間名: _____
Last Name First Name Middle Name

出生日期: _____ 年齡: _____
Date of Birth Age

住址: _____ 交界街名: _____
Address Cross Street

城市: _____ 州: _____ 郵政編碼: _____ 國家: _____
City State Zip Code Country

住址電話: _____ 手機: _____
Home Phone Cell Phone

電子郵箱: _____
Email

緊急聯繫資料:
Emergency Contact Information

聯繫人: _____ 與參與者的關係: _____
Name Relationship to Participant

地址: _____
Address

城市: _____ 州: _____ 郵政編碼: _____
City State Zip Code

住址電話: _____ 手機: _____
Home Phone Cell Phone

家庭醫生聯繫資料: _____

Physician's Contact Information

您的性別是？(選擇一個最符合您目前的性別認同的選項)

Best Choice for your sexual orientation or identity

- (1) 女性 Heterosexual
- (2) 男性 Bisexual
- (3) 性別酷兒/非二元性別 Genderqueer/Gender Non-Binary
- (4) 跨性女 Transgender (F)
- (5) 跨性男 Transgender (M)
- (6) 以上皆不是。請說明 Questioning/Unsure

您出生時的性別為何？(請選擇一項) Sexuality at birth

- (1) 女性 Female
- (2) 男性 Male
- (3) 拒絕回答 Declined to state

您如何描述自己的性傾向或性別認同？(請選擇一項)

How to describe your sexuality or identity? Make a choice.

- (1) 雙性戀 Transgender
- (2) 男同性戀/女同性戀/同性戀愛 Gay/Lesbian/Same Gender Loving
- (3) 有疑問/不確定 Question/Not sure
- (4) 異性戀 Heterosexual
- (5) 以上皆不是。請說明：Not listed, please specify
- (6) 拒絕回答 Declined to state

族裔: _____ 首選語言: _____

Ethnicity Preferred Language

英文能力:

English Fluency

- ☐ 流利 Fluent
- ☐ 有些語言障礙 Limited
- ☐ 需要翻譯 Needs Translation
- ☐ 不確定 Unknown

特殊需要評估: ☐ 低收入(自己上報) ☐ 身體虛弱(需要攙扶、拐杖、助行器、經常跌倒)

Special Needs Assessment Low-income (self-reported) Frail(req. assistance, cane, walker, many falls)

健康保險提供機構/保險公司: _____

Health Insurance Agency/Company

金卡號碼: _____

Gold Card #

總是活躍計劃

責任豁免協議書

Release Form For the Always Active Program

1. 參加者出於自願 **Voluntary Participation:** 我, _____, 自願申請加入這項為耆英而設的“總是活躍計劃”。

2. 風險承擔 **Assumption of Risk:** 我理解由於本人的年紀及/或身體狀況的關係, 參加總是活躍計劃的活動存在

著一定的危險, 我是在清楚獲知這些潛在危險的情況下自願參與這些活動的, 我同意承擔所有的風險, 包括受傷甚至死亡, 並在此草簽為據:

Risk-taking: I understand that due to my age and/or physical condition, risks exist as I participate activities under Always Active Program. I voluntarily participate in these activities with

3. 責任豁免 **Release:** 作為加入總是活躍計劃的條件, 我同意並保證我本人、本人的執行人、近親、繼承人、遺產受益人、監護人以及法律代表不會因為本人受傷或死亡而向總是活躍計劃、30 街耆英服務處、安樂居、三藩市耆英中心、三藩市私立大學、西部運動俱樂部、及區內提供總是活躍計劃的各耆英中心索償, 無論我的受傷或死亡是由於疏忽還是其它的行為所導致, 即便是與我參與該項計劃有關連的第三方包括以上機構的僱員、代辦或承包商導置了意外的發生, 以上的承諾也同樣有效。在此我謹聲明豁免包括總是活躍計劃、30 街耆英服務處、安樂居、三藩市耆英中心、三藩市私立大學、西部運動俱樂部、及區內提供總是活躍計劃的各耆英中心等機構的賠償責任, 無論現在或將來, 我本人、本人的近親、繼承人、執行人、遺產受益人、監護人以及法律代表都不得因為本人參加總是活躍計劃而受傷或死亡, 向以上機構追究、索償或採取其它任何的法律行動。

4. 明白並自願執行協議內容 **Knowing and Voluntary Execution:** 本人已經仔細閱讀並理解以上的聲明及其條文, 很清楚這是一

份責任豁免條款, 也是我本人與總是活躍計劃、30 街耆英服務處、安樂居、三藩市耆英中心公司、三藩市私立大學以及西部運動俱樂部之間的一份協議, 簽署這份協議乃完全出於本人的意願。

5. 本人已清楚獲知在參加這項計劃前必須先諮詢醫生、獲得醫生的批准。

一旦簽署, 此責任豁免協議即刻生效:

讓渡人 **Releasor:**

(請在此簽名)

簽署日期 Date : _____

簽署地點 Location : 加州三藩市

總是活躍健康計劃

醫療歷史簡表

Always Active Medical History Form

請仔細閱讀並誠實回答以下問題，在相應答案欄的方格填上“X”。 Please read the questions carefully and mark an “X” for each. Please answer the questions honestly. **If you answer “yes” to any of the first six questions below, we will require a Medical Release Form within 30 days of your first class.**

如果您對前 6 個問題中的任何一個回答“是”，則需要在上完第一堂課的 30 天之內上交醫生同意表。	YES	NO
1. 基於你的健康狀況，醫生是否有警告你在進行運動時必須要有醫療監護？ Have your doctor told you that you need medical supervision during exercise because of your health status? 若回答是，請具體說明 If yes, please explain:		
2. 在從事體育活動時，你的胸部是否有疼痛、受壓、負重、或胸悶的感覺？ Do you feel pain, pressure, heaviness, or tightness in you chest when you do physical activity?		
3. 過去一個月內，在沒有進行體能活動的狀態下，是否感到過胸痛？ In the past month, have you had chest pain when you were NOT doing physical activity?		
4. 您是否被診斷出患有糖尿病， 如果可以， 它是否得到控制？ Have you been diagnosed with diabetes? And if so, is it under control?		
5. 您被診斷出患有腎臟疾病嗎？如果是這樣， 它是否受到控制。 Have you been diagnosed with kidney disease? If so, is it under control?		
6. 過去或現在是否有心力衰竭或其它心臟毛病？ Have you ever experienced heart failure or other heart conditions? 若有，請說明何時 If yes, when:		
7. 你是否有骨骼或關節毛病，而體育活動的變化又會加劇這些病況？ Do you have a bone or joint problem that could be made worse by a change in your physical activity?		
8. 你的醫生現時有否給你開治療高血壓或心臟病的處方藥？ Is your doctor currently prescribing drugs for your blood pressure or a heart condition?		
9. 你是否曾經接受過臀部或膝關節的手術？ Have you experienced hip or knee surgery?		
10. 你的背部是否曾經出現毛病？ Have you experienced back problems?		

總是活躍健康計劃
醫療歷史簡表
Always Active Medical History Form

The Always Active staff and instructors will emphasize basic exercise safety and precautions, however, the participant will need to know, his/her physical limitations and must take responsibility to exercise accordingly. If at any point the instructor deems the class not safe for the participant due to frailty or inability to follow instruction, the participant will refer them to another program and/or require a Physician's Release.

我保證以上的資料就我所知全部屬實。如果所進行的體育活動或鍛煉對我的健康有任何影響，我會及時通知“總是活躍健康計劃”的導師或助理。I certify that all the information in this form is correct to the best of my knowledge and will notify Always Active instructor or assistant of any changes in my health that may be affected by physical activity or exercise.

日期 Date: _____

姓名(請用印刷體書寫) Name in block letters: _____

簽名 Signature: _____

Photo/Video Release Form (simplified Chinese)

照片/视频发布表

I hereby grant the Always Active Program permission to use my likeness in a photograph or other digital reproduction in any and all of its publications, including website entries, without payment or any other consideration.

我特此授予 Always Active Program 许可，以在无需付费或任何其他考虑的情况下，在其任何和所有出版物（包括网站）中，将我的肖像用于照片或其他数码复制中。

I understand and agree that these materials will become the property of the always active program and will not be returned. I hereby irrevocably authorize the Always Active Program to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing the its programs or for any other lawful purpose.

我理解并同意，这些材料将成为 Always Active Program 所有物，并且不会退还。我特此以不可撤销的方式授权 Always Active Program 来编辑，更改，复制，展示，发表或发布照片，以宣传其项目或提供任何其他合法目的。

In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph. I hereby hold harmless and release and forever discharge the Always Active Program from all claims, demands, and causes of action which, I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

此外，我放弃检查或批准成品的权利，包括拥有我的肖像的书面形式或电子复印形式。与此同时，本人放弃关于使用该照片产生的任何特许权使用费或其他补偿的权利。我谨以此为由，包括对以我为由，我的继承人，代表人，执行人，管理人，或代表我的任何其他人及代表我的产权拥有或可能由于这个项目授权的人，保持无伤害地，放弃并永久解除 Always Active Program 的所有索赔，要求及诉讼理由。

I am 18 years of age and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

我已满 18 岁，有能力以自己的名义签约。在下面签名之前，我已经阅读了此文件，并且我完全理解此文件的内容，含义及其影响。

Signature Date 签名 日期 _____

Print Name 书写名字 _____

Photo/Video Release Form (Traditional Chinese)

照片/視頻發布表

I hereby grant the Always Active Program permission to use my likeness in a photograph or other digital reproduction in any and all of its publications, including website entries, without payment or any other consideration.

我特此授予 Always Active Program 許可，以在無需付費或任何其他考慮的情況下，在其任何和所有出版物（包括網站）中，將我的肖像用於照片或其他數碼複製中。

I understand and agree that these materials will become the property of the always active program and will not be returned. I hereby irrevocably authorize the Always Active Program to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing the its programs or for any other lawful purpose.

我理解並同意，這些材料將成為 Always Active Program 所有物，並且不會退還。我特此以不可撤銷的方式授權 Always Active Program 來編輯，更改，複製，展示，發表或發布照片，以宣傳其項目或以提供任何其他合法目的

In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph. I hereby hold harmless and release and forever discharge the Always Active Program from all claims, demands, and causes of action which, I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

此外，我放棄檢查或批准成品的權利，包括擁有我的肖像的書面形式或電子復印形式。與此同時，本人放棄關於使用該照片產生的任何特許權使用費或其他補償的權利。我謹以此為由，包括對以我為由，我的繼承人，代表人，執行人，管理人，或代表我的任何其他人及代表我的產權擁有或可能由於這個項目授權的人，保持無傷害地，放棄並永久解除 Always Active Program 的所有索賠要求及訴訟理由。

I am 18 years of age and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

我已滿 18 歲，有能力以自己的名義簽約。在下面簽名之前，我已經閱讀了此文件，並且我完全理解此文件的內容，含義及其影響。

Signature Date 簽名 日期 _____

Print Name 書寫名字 _____



Patient's Name: _____

Medical Release Form

Dear Doctor:

Your patient has expressed interest in participating in the Always ActiveSM, a program designed to enhance the overall well-being for adults over the age of 60, and promote socialization by providing an array of services that include; exercise classes to increase overall strength, balance, aerobic conditioning, and flexibility. Please assist us in determining whether your patient is appropriate for participating in any of our programs below:

YES NO (Please mark one box in each row with an X) *Classes also offered in Spanish & Chinese

☐☐

***Fall Prevention Program:** A 12-week program where participants engage in exercises for lower extremity strength, standing static & dynamic balance, gait enhancement, and sensory/vestibular stimulation.

☐☐

Strength & Flexibility: Classes include moderate intensity exercises using weights, resistance tubing, stretching, and balance exercises. Participants must be able to perform standing exercises for 60 minutes. Chairs are available for participants to use if needed. (No individual assistance- must be able to exercise independently).

☐☐

Aerobics (No Direct Supervision): Use of treadmills, recumbent and/or stationary bicycles. These exercises are likely to induce an increase in heart rate.

Patient's Name

Date

()

Medical Professional's Name (Please Print)

Telephone

Address

License Number

Please return this form to your patient or send via fax, or mail to the program below.

Health Promotion – Fax: 415 550-2255; Tel: 415-550-2265

30th Street Senior Center; 225 30th Street, San Francisco, CA 94131

lvillaneuva@onlok.org; www.alwaysactive.org

For Always ActiveSM Staff Use Only

NEW _____ RENEWAL _____

AASM Member # _____

Registered by: _____

PR Form Expiration: _____

Site Name: _____

