

www.RamseyRehab.com



GOLF FITNESS CLASSES 2010!

Off-Season Golf Basics is a series of 1 hour classes held at Ramsey Rehab to help educate golfers in general conditioning to prepare for the upcoming golf season.

February 20th - Flexibility
February 27th - Core Strength
March 13th - General Strengthening
March 20th - Balance

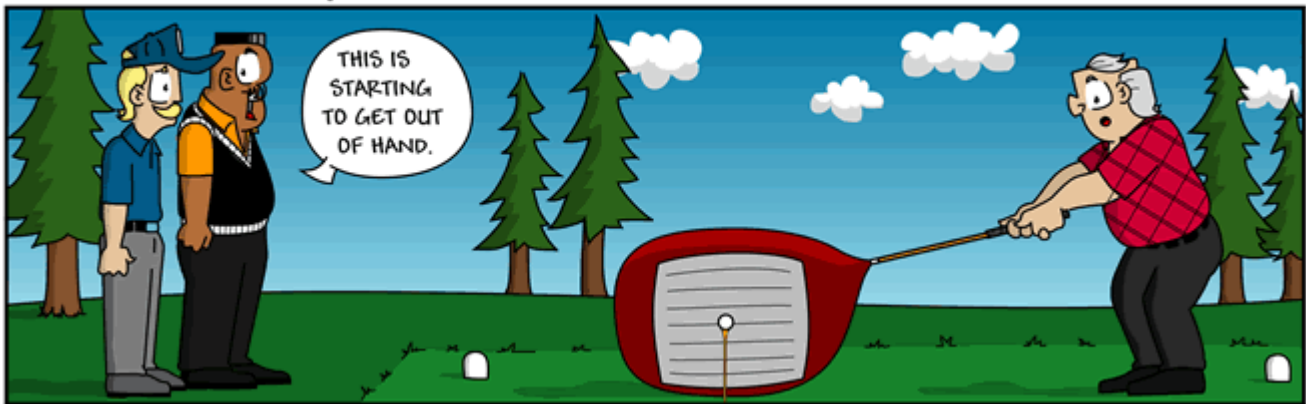
Cost is \$25.00 per class.

SPECIAL OFFER:

Pre-pay for all 4 classes and receive a free video of your swing !

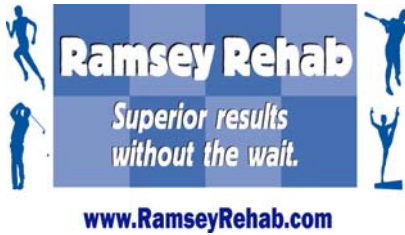
Life in the Trap by Rick Newell

www.lifeinthetrap.com



Contact John St. Jean @ 978-353-0030 or email john@ramseyrehab.com to register
SPACE IS LIMITED.....REGISTER BY FEBRUARY 12, 2010





OFFSEASON GOLF CLASSES AGREEMENT AND RELEASE OF LIABILITY

I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in a exercise/fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly physical as to review my physical activity, exercise and the use of exercise and training equipment so that I might have his/her recommendations concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and been given my physician's permission to participate, or that I have decided to participate in activity and use of equipment and machinery without approval of my physician and do hereby assume all responsibility for my participation and utilization of equipment and machinery in my activities.

Signature: _____

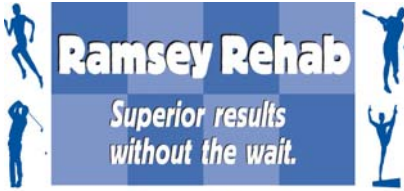
Date: _____

CANCELATION POLICY

You will be notified of any changes due to inclement weather prior to the class date. Classes cancelled due to weather will be rescheduled as quickly as possible. There will be NO refunds for missed classes.

Signature: _____

Date: _____



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DATE: _____

NAME: _____
Last First MI

ADDRESS: _____
Street Address City State Zip

PHONE: () _____ () _____
Home Work

EMAIL ADDRESS _____

How would you prefer to be addressed? _____

MEDICAL QUESTIONNAIRE

1. Are you currently or within the past 6 months been under the care of a physician for any physical injury or health related illness?

No _____ Yes _____, if yes, then for what: _____

2. Do you have any physical injury that would prevent you from performing the following:

- a. Repetitive movements No _____ Yes _____
- b. overhead arm movements No _____ Yes _____
- c. lifting objects over the head No _____ Yes _____
- d. bending or turning at the waist No _____ Yes _____
- e. Exercise that increases heart rate No _____ Yes _____

3. Do you suffer from any of the following issues: (circle all appropriate)

- a. Diabetes No _____ Yes _____
- b. High Blood Pressure No _____ Yes _____
- c. Hypertension No _____ Yes _____
- d. Difficulty Breathing/Asthma No _____ Yes _____

Past Surgical History: (Please list all recent surgeries and when you had them)

Are you currently taking any medications? (Please list) _____