



HEALTH ASSESSMENT  
**WOODLAND THE COMMUNITY CHURCH**  
Return to Danny Bote – *Director*

(PLEASE PRINT)

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

GENDER (M/F): \_\_\_ BIRTH DATE: \_\_\_\_\_ AGE: \_\_\_ WEIGHT: \_\_\_ HEIGHT \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

DO YOU KNOW ANY MEDICAL PROBLEMS THAT MIGHT MAKE IT DANGEROUS OR UNWISE TO PARTICIPATE IN VIGOROUS EXERCISE? \_\_\_\_\_ IF YES, EXPLAIN: \_\_\_\_\_

ARE YOU CURRENTLY TAKING ANY MEDICATION? \_\_\_\_\_ IF YES, EXPLAIN: \_\_\_\_\_

ARE YOU PREGNANT? \_\_\_\_\_ ARE YOU LESS THAN 6WKS POST PARTUM? \_\_\_\_\_

HAVE YOU EVER BEEN DIAGNOSED WITH HEART DISEASE, HIGH BLOOD PRESSURE, OR HIGH CHOLESTEROL? \_\_\_\_\_ DO YOU SMOKE? \_\_\_\_\_

DO YOU KNOW YOUR BLOOD PRESSURE? \_\_\_\_\_ IF YES, LIST \_\_\_\_\_

DO YOU KNOW YOUR CHOLESTEROL LEVEL? \_\_\_\_\_ IF YES, LIST \_\_\_\_\_

HAS AN IMMEDIATE FAMILY MEMBER BEEN DIAGNOSED WITH HEART DISEASES, HIGH BLOOD PRESSURE, OR HIGH CHOLESTEROL? \_\_\_\_\_

IF YOU ANSWERED YES TO ANY OF THESE QUESTIONS, WE SUGGEST THAT YOU SEE A DOCTOR BEFORE PARTICIPATING IN ANY ACTIVITY. IF YOU DECIDE TO PARTICIPATE, THEN UNDERSTAND THAT YOU WILL BE DOING SO AT YOUR OWN RISK.

CIRCLE ONE: MEMBER OR NON-MEMBER (OF WBC)

The information submitted on this Health Assessment form is true and complete to the best of my knowledge. I understand that any wrong or incomplete information could result in my injury, illness, or death.

APPROVED BY: \_\_\_\_\_

NEED DR'S NOTE: \_\_\_\_\_

DATE: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE  
(CONTINUE ON BACK)

# Woodland The Community Church Recreation Participation Agreement

(please print)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

In consideration for being allowed by Woodland Baptist Church (WBC) to participate and/or attend any church sponsored Recreation event or activity including but not limited to: aerobics, weight training, games, basketball, volleyball, softball, health screenings, and educational classes.

I agree to release, discharge, and hold harmless WBC, it's employees, agents, and members from any and all claims or demands due to personal injury, illness, or death as well as any and all property damage sustained of any nature which might be incurred by me while participating in any church sponsored Recreation event or activity. I also agree to be directed by and responsible to the dedicated church leadership for the event or activity. Further, I agree to hold harmless and indemnify WBC, it's employees, agents, or members for any liability or expenses sustained by the church as a result of my participation.

I hereby authorize WBC and it's representatives to initiate any medically necessary care on my behalf in the event of my incapability to present myself for such care and agree to be financially responsible for any incurred expenses.

Signature: \_\_\_\_\_  
(If younger than 18 years old, parent or guardian must sign)

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



Danny Bote – *Director*

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