

L.O.C.K.S FITNESS CENTER

‘Let Our Center Keep Seniors Fit’



If you could do something that would....

- Lower your cholesterol
- Help to control your blood sugar
- Lower your blood pressure
- Improve your memory
- Help release pain
- Reduce stress
- Improve balance to reduce falls
- Help control your weight
- Help you sleep better

... and has almost no side effects would you do it???

At the LOCKS...Fitness Center our members will have the opportunity to ‘get fit and keep fit’ in a comfortable, safe and fun environment!

Our Experienced and Certified Personal Trainer, Dee Abrams, will orientate you to all the equipment and answer your fitness questions. Dee is also this Center’s Aerobic Exercise, Water Fitness and Chair Yoga instructor. She brings over 20 years experience to this program.

Membership options:

Choose the L.O.C.K.S Fitness Center membership fee that works for you and your schedule

- \$35.00 for 3 months
- \$65.00 for 6 months
- \$125.00 for a full year
- *Now participating in Aetna Silver & Fit program. If you have Aetna insurance you may be eligible for free membership!*
- *Out of town memberships welcome however fees are double.*

Membership package includes:

- Individualized orientation program
- Training on all machines
- Optional fitness assessment
- Full use of equipment during hours of operation

To schedule an appointment with our Personal Trainer or for any further questions, please call 860-627-1425. Members must be 55 or older to participate.



Medical Clearance Form

Windsor Locks Senior Center

41 Oak Street, Windsor Locks CT 06096

Phone: 860-627-1425 Fax: 860-292-6947

Patient's Name _____ DOB: _____

Address _____

City _____ State _____ Zip _____

Phone _____

Please complete the following for the above patient's initial application to participate in an exercise program:

1. Health History

- | | | |
|---------------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Cardiac | <input type="checkbox"/> Pulmonary | <input type="checkbox"/> Orthopedic |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> CVA | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Other | |

Please explain checked items and/or any specific guidelines or limitation for this patient:

2. Medications:

_____	_____
_____	_____
_____	_____
_____	_____

3. This facility offers clients access to a Marodyne LivMD, a low-intensity vibration device. The LivMD device delivers a prescribed dose of low magnitude mechanical signals through highly controlled low intensity vibration, achieved by modulating displacement and frequency to regulate acceleration.

4. Approval: I approve this applicant for his/her participation in the Windsor Locks Fitness exercise program

- ☐ I approve this applicant to use the Marodyne Medical LivMD
☐ I do not approve this applicant to use the Marodyne Medical LivMD

Physician's Signature: _____

Printed Name: _____

Phone: _____ Date: _____

Please return completed form to the Windsor Locks Senior Center

Fax: 860-292-6947 Email: Seniorcenter@wl.necoxmail.com

WINDSOR LOCKS SENIOR CENTER

41 Oak Street

860-627-1425

seniorcenter@wl.necoxmail.com

Fax

TO: Doctors Office**FROM: L.O.C.K.S. FITNESS CENTER**

PAGES:

FAX:

FAX: 860-292-6947

PHONE:

PHONE: 860-627-1425

RE: Fitness Membership

Please find the attached medical clearance form. This patient would like to participate in our L.O.C.K.S. Fitness Center. Please complete the medical clearance portion and return to our office via fax or email. If you have any questions or concerns please feel free to contact us. Thank you!