National Multiple Sclerosis Society
Long Island Chapter
40 Marcus Drive, Suite 100
Melville, NY 11747
Tel 631 864 8337
516 740 7227
1 800 FIGHT MS
Fax 631 864 8342
www.nmssli.org

WELLNESS PROGRAM REGISTRATION & WAIVER

NAME _____

ADDRESS _____

CITY _____ **STATE** ___ **ZIP** _____ **EMAIL:** _____

HOME PHONE # _____**CELL #** _____

I WILL ATTEND THE FOLLOWING 2010 WELLNESS PROGRAM(S):

Aquatics
Commack
- ☐ Wednesdays

Oceanside
- ☐ Mondays
- ☐ Thursdays

Plainview
- ☐ Mondays
- ☐ Wednesdays

Tennis
Oceanside
- ☐ Tuesdays

Group PT
East Meadow
- ☐ Mondays

Greenlawn
- ☐ Tuesdays

Smithtown
- ☐ Wednesday

Horticulture
Holtsville
- ☐ Thursdays

Fitness
Smithtown
- ☐ Wednesdays

Therapeutic Equestrian
Islandia
- ☐ Pal-O-Mine

Melville
- ☐ Horseability

Yoga
Bohemia
- ☐ Tuesdays

East Meadow
- ☐ Wednesday

Hauppauge
- ☐ Fridays

Plainview
- ☐ Mondays

ARE YOU/ DO YOU?

1. ABLE TO WALK: ☐ UNASSISTED ☐ WITH ASSISTANCE
2. USE A CANE? ☐YES ☐NO
3. USE A WALKER? ☐YES ☐NO
4. USE A WHEELCHAIR? ☐YES ☐NO
5. USE A SCOOTER? ☐ YES ☐NO
6. HAVE VISION PROBLEMS? ☐YES ☐NO
7. HAVE BLADDER PROBLEMS? ☐YES ☐NO
9. HAVE BALANCE PROBLEMS? ☐YES ☐NO
10. USE ABLERIDE or SCAT? ☐YES ☐NO If yes, which one _____

PLEASE COMPLETE:

National Multiple Sclerosis Society
Long Island Chapter – Programs Dept.
40 Marcus Drive, Suite 100
Melville, NY 11747
Telephone: (631) 864-8337 / Fax: (631) 864-8342

RELEASE FORM

Print Name Signature Date

Emergency Contact Phone Number

Physician Name Phone Number

In signing this release, I understand the intent thereof, and will for myself, executors, administrator, and assigns hereby release the **Long Island Chapter of the National Multiple Sclerosis Society**, and all sponsoring agencies, organizations and their respective agents and employees from all claims of damages, actions and causes of actions whatsoever, in any manner as a result of my participation in any MS Wellness Program sponsored by the National MS Society, Long Island Chapter.

I hereby attest that my physician has confirmed that I am physically fit to participate in this particular activity. I hereby consent to and permit emergency treatment in the event of injury or illness.

Yes or **No** I give permission to the MS Society to use my name and any photograph taken of me during this program in any promotional materials or publications. (PLEASE CIRCLE ONE)

***For aquatics program participants only:** In consideration of your acceptance of this application I hereby, for my heirs, executors, administrators, and myself, waive and release any and all rights and claims for damages I may have against

(Insert name of Cooperating Pool or Facility)

THIS WAIVER MUST BE COMPLTETED PRIOR TO PARTICIPATION IN THE FIRST SESSION