



Initial Assessment Packet

Member to Fill out and Return:

- Member Information Form
- PDQ-39 Questionnaire
- Personal Waiver and Release of Liability
- Physician Medical Release Form
- Pre-Participation Screen Questionnaire
- Draft Authorization Form for Y Members
- Media Release (to be filled out after assessment)

Member to Keep:

- Boxing Gloves Ordering Information
- What's Your Excuse?
- Monthly Class Schedule



Member Information

Welcome to Rock Steady Boxing! We are pleased to welcome you into our program. To begin, please complete the following documents:

1. Member Information Form
2. PDQ-39 Questionnaire
3. Personal Waiver and Release of Liability

Date ____/____/____

Name _____ DOB ____/____/____

Address _____

City _____ Zip Code _____

Home phone _____ Cell phone _____

Business Phone _____ Email _____

How did you hear about Rock Steady (circle)? Referral / Media / Website / Other _____

Emergency Contact Information

Name _____

Relationship to applicant _____

Address _____

City _____ Zip Code _____

Home phone _____ Cell phone _____

Email _____

Parkinson's Information:

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PDQ-39 QUESTIONNAIRE

Please complete the following

Please tick one box for each question

***Due to having Parkinson's disease,
how often during the last month
have you....***

		Never	Occasionally	Sometimes	Often	Always or cannot do at all
1	Had difficulty doing the leisure activities which you would like to do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Had difficulty looking after your home, e.g. DIY, housework, cooking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Had difficulty carrying bags of shopping?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Had problems walking half a mile?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Had problems walking 100 yards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Had problems getting around the house as easily as you would like?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Had difficulty getting around in public?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Needed someone else to accompany you when you went out?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Felt frightened or worried about falling over in public?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Been confined to the house more than you would like?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Had difficulty washing yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Had difficulty dressing yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Had problems doing up your shoe laces?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Please check that you have ticked **one box for each question** before going on to the next page*

Due to having Parkinson's disease, how often during the last month have you....

Please tick one box for each question

		Never	Occasionally	Sometimes	Often	Always or cannot do at all
14	Had problems writing clearly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Had difficulty cutting up your food?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Had difficulty holding a drink without spilling it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Felt depressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Felt isolated and lonely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Felt weepy or tearful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Felt angry or bitter?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Felt anxious?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Felt worried about your future?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	Felt you had to conceal your Parkinson's from people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Avoided situations which involve eating or drinking in public?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	Felt embarrassed in public due to having Parkinson's disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	Felt worried by other people's reaction to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	Had problems with your close personal relationships?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	Lacked support in the ways you need from your spouse or partner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>If you do not have a spouse or partner tick here</i>		<input type="checkbox"/>			
29	Lacked support in the ways you need from your family or close friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Please check that you have ticked **one box for each question** before going on to the next page*

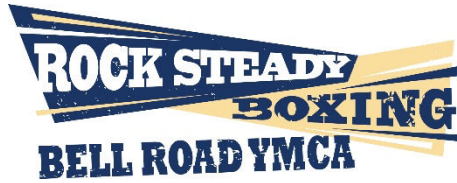
Due to having Parkinson's disease, how often during the last month have you....

Please tick one box for each question

	Never	Occasionally	Sometimes	Often	Always	
30	Unexpectedly fallen asleep during the day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	Had problems with your concentration, e.g. when reading or watching TV?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	Felt your memory was bad?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33	Had distressing dreams or hallucinations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34	Had difficulty with your speech?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35	Felt unable to communicate with people properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36	Felt ignored by people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37	Had painful muscle cramps or spasms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38	Had aches and pains in your joints or body?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39	Felt unpleasantly hot or cold?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Please check that you have ticked **one box for each question** before going on to the next page*

Thank you for completing the PDQ 39 questionnaire



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Waiver and Release of Liability

Rock Steady Boxing, Inc. (hereinafter, "RSB"):

1. I understand the nature of Rock Steady Boxing, Inc.'s activities, and my physical condition and capabilities, and I believe that I am physically capable of participating in such activity. I further acknowledge that I am aware that the activity may be conducted in facilities open to the public or members of the public and/or employees of another corporate entity or entities, during the activity. I further agree and warrant that any time, if I believe any condition to be unsafe, I reserve the right, without penalty, financial or otherwise, to immediately discontinue further participation in the activity and bring such condition to the attention of the management of RSB.
2. **I FULLY UNDERSTAND** that (a) the activities of RSB involve risks and dangers of **SERIOUS BODILY INJURY**, including permanent disability, paralysis and death ("Risks"); (b) these Risks and dangers may be caused by me or by the actions or inactions of others participating in the activity, the conditions under which the activity takes place, or **THE NEGLIGENCE OF THE "RELEASEES" NAMES BELOW**; (c) there may be other risks and social and economic losses either known to me or not readily foreseeable at this time, and **I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES** incurred as a result of my participation in these activities.
3. **I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS RSB**, its clubs and their respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the activities take place (each considered one of the "Releasees" herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the "Releasees" or otherwise, including negligent rescue operations and further agree that if, despite this release, I or anyone on my behalf makes a claim against any of the Releasees, I will be responsible for the payment to any or all of the releasees harmed by such assertion of a waived claim, or any expenses arising from my assertion of waived claims or causes of action, including but not limited to reasonable attorney fees and court costs.
4. I certify that I have had no injuries to my hands, whether fractures, broken bones, or otherwise, within the three months preceding the dates of completion of this entry form, and have no injuries to the head, concussion, headaches or fainting spells, and should I experience any of these injuries and/or conditions in the future, I will immediately notify the officials of these events and/or conditions, and immediately cease my participation in said events and activities.
5. I hereby further agree that this agreement may not be modified orally, and a waiver of any provision shall not be construed as a modification of any other provision herein or as consent to any subsequent waiver or modification. Every term and provision of this agreement is intended to be severable, if any one or more provision is found to be unenforceable or invalid, said provision shall not affect the other terms and provision, which shall remain binding and enforceable.

Date ____/____/____

Printed Name of Applicant

Signature of Applicant



Physician Medical Release Form

TO BE COMPLETED BY YOUR PRIMARY CARE PROVIDER

Date: ____/____/____

Doctor's Name: _____

Your patient, _____, DOB ____/____/____ wishes to participate in the Rock Steady Boxing (NON-CONTACT) exercise program. The activity will involve cardiovascular training (jumping rope, running, punching heavy bags), flexibility instruction (stretching, getting up and down on the floor), resistance training and core strengthening techniques. Participants can attend up to five classes per week that are ninety minutes in duration. Participants can reach up to 90 percent of their maximum heart rate.

PHYSICIAN'S RECOMMENDATION

- I am not aware of any restrictions to participate in this exercise program.
- I believe the patient can participate but would urge caution (*please explain*): _____

Patient should not engage in the following activities: _____

If your patient is taking medications that will affect their heart rate response to exercise, please indicate the manner of the effect (raises, lowers or has no effect on heart rate response during exercise):

Type of medication _____	Effect _____
Type of medication _____	Effect _____
Type of medication _____	Effect _____

PHYSICIAN COMPLETES

_____ (patient's name) has my approval to begin the Rock Steady Boxing exercise program with the recommendations or restrictions stated above.

Printed name _____ Phone _____

Signature _____

RETURN TO

Rock Steady Boxing Bell Road YMCA
 2435 Bell Road, Montgomery AL, 36117
 Phone: 334-271-4343
 Email: Rocksteadymgymca@gmail.com

YMCA of Greater Montgomery
Bell Road Rock Steady Boxing Program
Credit/Debit Card Authorization

Credit/Debit Card Account

Primary Member's Name: _____

Draft Account Holder's Name _____
(If different than primary's)

Address: _____

City: _____ State: _____ Zip: _____

Status: ____ YMCA Member ____ Non-Member

Monthly Program Fee to be Draft: _____

Draft Day: ____ 1st

Card Type: Master Card Visa American Express Discover

Card Number: _____

Exp Date: _____ Security Code: _____

I request and authorize the YMCA of Greater Montgomery to charge the debit/credit account listed above for my monthly Rock Steady program fees. I further authorize the program to debit these fees if my payment method returns until the fee is paid in full. I understand that these charges are continuous (monthly) and ongoing until the end of the program, or the Y receives the proper cancellation notice of two-week written notice.

Draft and Attendance Agreement

1. I understand there is an additional fee of \$30.00 for any returned Rock Steady program payment.
2. I understand monthly fees are not prorated and missed days will not be deducted from the monthly fee.
3. I understand I must provide written notice to the Member Services staff of any changes related to payment information. Should my payment, for any reason, not honor my Rock Steady Program draft, I am responsible for that payment and any late fees or service charges that may apply.
4. I hereby authorize the YMCA of Greater Montgomery to charge the credit/debit card listed on this form for the amount(s) indicated above on each due date.
5. I certify that I have received and read this agreement, that all the above information is true and that I will notify the YMCA staff of any changes.

Signature: _____ Date _____

Staff Use Only:

Branch: _____ Staff Initials: _____ Unit #: _____

New Draft Information: _____ Update Draft Information: _____

**AHA/ACSM Health/Fitness Facility
Pre-Participation Screening Questionnaire**



History: (check all that apply)

You have had:

- A heart attack**
- Heart surgery**
- Cardiac catheterization coronary**
- Angioplasty (PTCA)**
- Pacemaker/implantable cardiac defibrillator**
- Rhythm disturbance**
- Heart valve disease**
- Heart failure**
- Heart transplantation**
- Congenital heart disease**
- Other heart condition (specify) _____**

Symptoms:

- You experience chest discomfort with exertion**
- You experience unreasonable breathlessness**
- You experience dizziness, fainting or blackouts**
- You take heart medications**

Other health issues:

- You have diabetes**
- You have asthma or other lung disease**
- You have burning or cramping sensation in your lower legs when walking short distances**
- You have musculoskeletal problems that limit your physical activity**
- You have concerns about the safety of exercise**
- You take prescription medication(s)**
- You are pregnant**

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Parkinson's Information:

Estimated date of diagnosis ___/___/___

Which symptoms are you experiencing? (check all that apply)

Tremors - if yes, which side is most affected? RIGHT LEFT BOTH

Postural changes

Loss of balance in the last year

Slowness of movement

Vision impairment

Difficulty concentrating or staying focused

Fatigue

Depression

Do you take medicine for Parkinson's? If yes, please list:

Other Health Questions

Do you: (check all that apply)

Use a walker, wheelchair or other assistive device

Have Deep Brain Stimulation (DBS)

Feel dizzy or unsteady with sudden movements

Have difficulty getting down or rising from a seated or lying position

The logo features the text "ROCK STEADY" in white, bold, sans-serif font on a dark blue background. Below it, "BOXING" is written in dark blue, bold, sans-serif font on a yellow background. At the bottom, "BELL ROAD YMCA" is written in dark blue, bold, sans-serif font on a white background. The entire logo is framed by a stylized, angular border in dark blue and yellow.

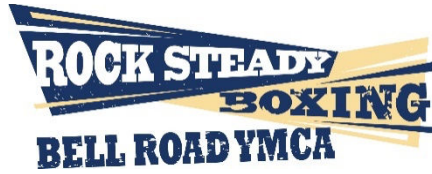
ROCK STEADY **BOXING** **BELL ROAD YMCA**

What kind of gloves do I need and where can I get them?

You can order from Amazon: 16oz Title Boxing Style Training Gloves.

You also need the quick hand wraps that look like gloves to protect your hands.

If you do not want to order from Amazon, please check at Academy Sports. They carry Everlast gloves and hand wraps.



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

What's Your Excuse?

1. I Am Too Old to Participate

No, you're not. Our oldest boxer is 92, and our youngest boxer is in his mid-40s. You are never too old to fight back!

2. My Parkinson's Has Progressed Too Far to Benefit

Even if your Parkinson's has progressed to using a walker or a wheelchair, you can benefit from the Rock Steady Boxing program. Exercises are always modified based on each individual's ability. We offer four levels of classes, based on physical fitness and Parkinson's progression.

3. Rock Steady is Not Convenient for Me

Even if you can only come once a week or a few times a month, you can benefit from attending class. Rock Steady is more than just an exercise program - friendships are formed, care partners make connections, and participants learn valuable skills in order to better function in daily life away from the gym.

4. I Don't Drive and I Have No Way to Get There

Every effort will be made to find RSB participants who might provide car pool options in the event you need transportation to Rock Steady Boxing.

5. I Don't Know What This is All About

Rock Steady Boxing's mission is to improve the quality of life for people with Parkinson's disease through exercise and positive social interaction. Classes are divided into four groups that meet the individual needs of each person.

6. It Costs Too Much

If you are unable to afford this amount, please talk to the Executive Director about a reduced rate. It is Rock Steady Boxing's goal to provide this valuable boxing-style exercise program to all the person with Parkinson's regardless of their ability to pay.

7. I Don't Like Exercise

Research is proving the importance of exercise in the life of a person with Parkinson's. The statement "**use it or lose it**" truly applies to anyone diagnosed with Parkinson's. If Parkinson's disease and its symptoms are not met with resistance, the disease will likely take the path of least resistance, progressing more rapidly than without exercise intervention.

8. This Program is Not Recommended by My Doctor

Rarely do we hear exercise is not recommended by physicians. As research into the benefits of Parkinson's and exercise progresses, neurologists are taking notice. We frequently get patient referrals on the day of diagnosis from doctors all throughout Central Indiana.

9. I Don't Know Anyone

The Parkinson's boxers at Rock Steady know no strangers. They all share the same fight, and the camaraderie in the gym is just as important as the fitness training.

10. I Don't Think Boxing Fitness Classes Will Help Me

We recommend to anyone interested in the program to view a class and chat with the members. They are our representatives; they provide the testimonials that say again and again, "this works." The vast majority of our members had no boxing training prior to Rock Steady, and many were not involved in any rigorous physical activity at all.

11. I Tried a Class and Didn't Really Like It

Rock Steady will not appeal to everyone who tries it, but how can you know if you don't try? We can make recommendations to other local programs and classes such as swimming, yoga, dance, and physical-therapy based programs.

12. I Don't Think My Heart Can Take It

Upon initial assessment, we identify medical conditions that cause us to make modifications in the training process. With proper communication between trainer and boxer, we can modify any exercise or recommend alternative exercises based on that individual's needs.

13. I Am Too Embarrassed By My Parkinson's To Join

We understand the self-consciousness that accompanies Parkinson's. Rock Steady was created as a safe haven for people with Parkinson's to share a sense of community, re-establish their self-esteem, and most of all, to not feel alone as they "fight back."

14. I Am Going to Join a Commercial Gym Instead

The group dynamic has proven to be motivating for many of our members. A shared sense of accountability seems to make it easier for many people to get to the gym. The camaraderie between boxers, firm but loving instruction from the Coaches, and high intensity workouts has proven more effective than a person exercising alone. You are always welcome!