



# **SLIMMONS WEEKEND RETREAT 2008**

**October 17<sup>th</sup> - 19<sup>th</sup>**



---

9306 Civic Center Drive • Beverly Hills, CA 90210 310.275.4663 SlimmonsRetreat@aol.com

---

## **Registration Form**

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

---

### **PAYMENT INFORMATION:**

**Cost: \$225.00**

**Method of payment:**

\_\_\_\_\_ **CHECK**

(please make checks payable to 'Ruffage Corp.' and specify 'Slimmons Retreat' in the memo section)

\_\_\_\_\_ **CREDIT CARD**

\_\_\_\_\_ MasterCard

\_\_\_\_\_ Visa

Card Number: \_\_\_\_\_

Expiration: \_\_\_\_\_ (month/year)

---

**PLEASE SEND REGISTRATION FORM, PAYMENT AND HEALTH INFORMATION TO:**

**Slimmons Weekend Retreat  
ATTN: Dana  
9306 Civic Center Drive  
Beverly Hills, CA 90210**



# SIMMONS WEEKEND RETREAT 2008

October 17<sup>th</sup> - 19<sup>th</sup>



9306 Civic Center Drive • Beverly Hills, CA 90210 310.275.4663 SlimmonsRetreat@aol.com

## Health Inventory

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

In case of emergency, notify: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician Name and Telephone Number \_\_\_\_\_

### PLEASE CIRCLE 'YES' OR 'NO' IN RESPONSE TO THE FOLLOWING QUESTIONS:

1. Do you now or have you ever experienced any of the following:

Occasional chest pains	Yes	No	Daily Coughing	Yes	No
Chest pain on exertion	Yes	No	Shortness of breath at rest	Yes	No
Chest pressure on exertion	Yes	No	Shortness of breath supine	Yes	No
Fainting	Yes	No	Shortness of breath after 2 flights of stairs	Yes	No
Palpitations/skipped beats	Yes	No	Swelling of hands and/or feet	Yes	No

2. Do you have or did a physician ever diagnose you as having any of the following:

Heart disease	Yes	No	Diabetes	Yes	No
Heart murmur	Yes	No	Emphysema	Yes	No
Arrhythmia	Yes	No	Asthma	Yes	No
High blood pressure	Yes	No	Chronic Bronchitis	Yes	No
Circulatory problems	Yes	No	Neurologic problems	Yes	No
Hyperlipidemia (high cholesterol)	Yes	No	Arthritis	Yes	No

- |    |  |     |    |
|----|--|-----|----|
| 3. | Do you have any current medical problems or incompletely healed injuries?<br>If yes, what? _____ | Yes | No |
| 4. | Are you allergic to any medications?<br>If yes, what? _____                                      | Yes | No |
| 5. | Are you currently taking any medications?<br>If yes, what? _____                                 | Yes | No |
| 6. | Do you smoke?<br>If yes, how many packs per day? For how many years? _____                       | Yes | No |
| 7. | Do you have a family history of high blood pressure?<br>If yes, who? _____                       | Yes | No |
| 8. | Do you have a family history of heart disease (heart attack, stroke)?<br>If yes, who? _____      | Yes | No |
| 9. | Do you have a family history of diabetes?<br>If yes, who? _____                                  | Yes | No |

It is the policy of **“SLIMMONS<sub>tm</sub>, Ruffage, Inc., Richard Simmons”** to recommend to all students a medical examination by a qualified physician before beginning the **“SLIMMONS<sub>tm</sub>, Ruffage, Inc., Richard Simmons”** exercise program or the **“FOODMOVER”** food program. Clients answering “yes” to any of the preceding questions are particularly urged to seek their doctor’s permission before participating in any programs at **“SLIMMONS<sub>tm</sub>, Ruffage, Inc., Richard Simmons.”**

Please read and sign the following statement:

“I have answered the questions above honestly. I have consulted with my personal physician and hereby acknowledge that **“SLIMMONS<sub>tm</sub>, Ruffage, Inc., Richard Simmons”** and its affiliates, are not responsible for any injuries or medical problems occurring on the premises for any reason. I fully take responsibility for any injuries or medical problems occurring on the premises of **“SLIMMONS, Ruffage, Inc., Richard Simmons.”**”

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature of Parent if under 18: \_\_\_\_\_

Signature of Slimmons<sub>tm</sub>, Ruffage Inc. Personnel: \_\_\_\_\_