



## ONLINE EXERCISE CLASS REGISTRATION FORM

### PARTICIPANT INFORMATION

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First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ MI: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_

Email Address (needed for Zoom link to be sent): \_\_\_\_\_

Cell Phone number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### IN CASE OF EMERGENCY

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Name of local relative or friend: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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This online exercise class will incorporate Tai Chi and LSVT Big exercises. Class will take place through Zoom cloud meetings on Tuesdays and Thursdays at 11:00. I am certified in both exercise programs. The Zoom app can be downloaded to your computer, tablet, or phone. Please call me if you have questions. I will email the link for the meeting. Click on the link 5 min prior to class to ensure you are waiting and I will start the class at 11:00. You can choose to not have your video appear if you would like and I can always work with you privately to check form for those who do not wish to appear on video with other members.

This is an exercise class and not physical therapy treatment. Therefore, this class cannot be billed to insurance companies or be compliant with HIPAA rules. If you would like formal physical therapy instead of or in addition to the class, we can do this at the clinic or through telehealth with a physician order. I am not allowed to address individual health or injury questions within the class, but can do separately if needed with physician approval.

Equipment needed: Plan to have a kitchen type chair to sit in for sitting exercises and to stand behind for standing exercises. All exercises can be adapted to sitting if you feel more comfortable initially and gradually work to standing. Plan to be in a location where you can catch yourself if you start to fall. I recommend standing exercises be done initially in the corner of a room with a chair in front of you if feasible for safety.

Cost: \$3 per class. Payment can either be mailed to the clinic monthly by check or called into the clinic by credit card (check preferred to avoid finance fees with credit card, but either is allowed).

Address: Tennessee Therapy & Balance Center, LLC Phone number: 931-528-8822  
675 C S. Jefferson Ave.  
Cookeville, TN 38501

The above information is true to the best of my knowledge. I consent to participate in the online exercise class. I understand this is for exercise benefit only and does not take the place of formal physical therapy treatment. I understand the class is not under HIPAA rules.

Participant Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Please email this form to [ttbc@therapyandbalance.com](mailto:ttbc@therapyandbalance.com) or fax to 931-528-8825.