



HAPPY HEARTS REGISTRATION PACKAGE



Welcome to the JCC HAPPY HEARTS Program

Thank you for your interest in the Happy Hearts program at the Jewish Community Centre of Greater Vancouver. This program was initially developed in 1996 as a maintenance program to follow a hospital cardiac rehabilitation program or to assist those needing therapeutic exercise to prevent cardiac disease.

What is the Happy Hearts MAINTENANCE Program?

- ♥ It is a cardiac maintenance exercise class for recent (within 1 year) graduates of cardiac rehabilitation programs.
- ♥ It is not a medically supervised program.
- ♥ Members have unlimited use of the fitness facility (by reservation during COVID)
- ♥ You may enroll as long as you like.
- ♥ You may join any time!!!

About the JCC

We offer a vibrant Community Centre with modern recreational facilities located in the heart of Oakridge, Vancouver. **Everyone is welcome at the JCC.**

Membership:

Membership is not required to be a part of the JCC Happy Hearts Program, however there are many benefits to membership.

Our members have access to the Pool, Fitness Centre, Fitness and Aquatic Classes (including Aquafit, ChairFit, Water Works, Yoga and more....). Membership benefits also include FREE parking, member events, and discounts on fee-based programs such as the Happy Hearts Program, performing arts and cultural events. See our website (www.jccqv.com) for more details.

If you have any specific questions or concerns regarding this package please contact the Fitness Department of the Jewish Community Centre.

Yours in health,

JCC Fitness

950 West 41st Ave | Vancouver B.C. V5Z 2N7
fitness@jccqv.bc.ca | 604-257-5111 (main) 604-257-5119 (fax)

HAPPY HEARTS PROGRAM INFORMATION

The following is required prior to entry into the Happy Hearts Program:

1. The enclosed forms completed and,
 - 2a. Referral from a hospital Cardiac Rehab program or Family Doctor/Cardiologist or
 - 2b. Physician Clearance Form completed if previously attended a Happy Hearts Maintenance Program.

Return completed forms to the Fitness Department: you will be contacted to set up your first session and complete the payment information (if not already arranged)

By fax: 604-257-5119 Attention: Happy Hearts Program

Drop off/mail: Jewish Community Centre 950 W 41st Ave, Vancouver BC V5Z 2N7
Attention: Happy Hearts Program

By email: erin@jccgv.bc.ca

HAPPY HEART MAINTENANCE

join anytime - these programs are ongoing!

Registration Fee*: \$15 non-member/ \$10 member

**One-time registration fee, must pay fee again if participate cancels out of the program*

Monthly Rate: \$58 non-member / \$48 member

DAYS/TIMES: Mon & Wed 11:45am – 12:45pm

NEW CLIENTS START UP SPECIAL:

M \$90 / R \$120 (*plus one-time reg fee) for 3 months.

Monthly rate is billed between the 23-26th of the month prior, or upon initial sign-up.

Monthly rate will be pro-rated if participant begins after the second class in the month.

OUR INSTRUCTORS:

The program is under the umbrella of the Happy Hearts Alliance (HHA). The HHA is a working partnership between Providence Health Care (St. Paul's Hospital) and Vancouver Coastal Health (Vancouver General Hospital).

All of our instructors have First Aid & CPR training, continuing education in seniors health programs with an emphasis on Cardiac Rehabilitation and Fitness Registration, and/or Degree in Kinesiology/Human Kinetics.

CONFIDENTIAL PERSONAL AND HEALTH INFORMATION

Name _____ Date of Birth _____

Address _____ Postal Code _____

Phone (C): _____ (H): _____

E-mail: _____

In case of Emergency please contact: Name _____

Relationship: _____ Phone _____

Physician (GP)

Physician (Cardiologist)

Name _____

Name _____

Phone _____

Phone _____

Fax _____

Fax _____

Cardiac Exercise Program History:

Have you attended a Cardiac Rehab Program? _____

Program Attended: _____

From Date: _____ To Date: _____

Cardiac History

Have you ever had: (please circle the answer)

- Heart Attack YES NO Date _____
- Angina Pectoris YES NO Date _____
- Angiogram YES NO Date _____
- Cardiac surgery YES NO Date _____ Specify _____
- Angioplasty YES NO Date _____

Please comment on the overall condition of your cardiovascular function:

Please indicate medications and side effects with exercise, if any

Name	Dosage	Side Effects
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Other Medical History

Have you ever had or do you suffer from:

- | | | | |
|--------------------------|-----|---------------------------|-----|
| Congestive heart failure | () | Long term inactivity | () |
| High blood pressure | () | Asthma | () |
| Rheumatic fever | () | Obesity/weight problem | () |
| Heart murmur | () | Hyperlipidemia | () |
| Varicose veins | () | Dizziness | () |
| Lung disease | () | Loss of height | () |
| Major operations | () | Osteoporosis | () |
| Back injury | () | Aneurysm | () |
| Epilepsy | () | Cancer | () |
| Diabetes | () | Anemia | () |
| Joint/muscle injury | () | Intermittent claudication | () |
| Broken bones | () | Arrhythmias | () |
| Allergies | () | Pain Management | () |

Please describe any of the above conditions and how they affect your ability to exercise:

Physical Activity Level: Do you currently engage in any physical activity?

Which activities: _____

How often: (per week) _____ How long: (per session): _____

Eating Habits: How would you rate your eating habits? (circle one)

POOR

FAIR

GOOD

EXCELLENT

I declare that the information given here by me and/or my Doctor is true and correct to the best of my knowledge. Any health problems which would prevent me from engaging in the Health Heart Cardiac Rehabilitation Program, or make it potentially dangerous or harmful for me to engage in such a program, have been described here.

Signature: _____

Date: _____

Print Name: _____

Please note that any information given on this form is confidential and will only be used to assess your health situation to ensure your safety in this program. All information is retained according to medical privacy laws.

