



GiGiFIT Physician Approval for Physical Activity Purposeful Programs

Participant's Full Name: _____

Date of Birth: _____

GiGi's Playhouse- Down Syndrome Achievement Centers is a non-profit organization which provides free educational and therapeutic programs for individuals with Down syndrome, their families and the community. The individual mentioned above is interested in participating in a program for individuals with Down syndrome or the caregiver.

- **GiGiFIT You & I** – Introduces the concepts of GiGiFIT Adult and Infant to parents and caregivers of infants with Down syndrome. Recommended for Moms, Dad, Siblings, Caregivers with a newborn
- **GiGiFIT Infant** – Introduces the concepts of foundational movements, mobility activities, visual-vestibular activities, and reflex integration Recommended for infants to pre-walking
- **GiGiFIT Toddler** – Takes concepts of foundational movements, mobility activities, visual-vestibular activities, and reflex integration to the next level in a fast-paced, super fun and socially interactive atmosphere for young children who have recently mastered the ability to walk on their own. Recommended for walking to 4 year olds
- **GiGiFIT Kid** – Combines key movements from GiGiFIT Teen and advanced progressions of activities from GiGiFIT Toddler to help improve strength, balance, coordination, peer interaction and to build a lifelong love of physical activity. Recommended for 5-12 year olds
- **GiGiFIT Teen** – Introduces the key movements of foundational exercises, hip strengthening exercises, and vestibular/balance exercises. Recommended for 13-17 year olds
- **GiGiFIT Adult** – Introduces the key movements of foundational exercises, hip strengthening exercises, and vestibular/balance exercises, making them successful to implement and practice at any stage of life! Recommended for adults 18+

Each GiGiFIT program is a 12-week fitness program, focused on the development of daily exercise practice, improved strength, endurance, joint stability, balance, coordination, and overall health and wellness. GiGiFIT promotes a healthy lifestyle through nutrition education and daily physical activity. During participation in GiGiFIT participants are asked to exercise for 45 minutes or more, a minimum of 3 times per week.

Proposed Physical Activities in GiGiFIT: Bodyweight exercises, strength training, cardiovascular exercises, balance exercises, stretches. Upon review, please indicate whether you approve your patient to participate in the preceding activities within GiGiFIT:

- | | | |
|---------------------------------------|---|---------------------------|
| • Safe Stretching | • GiGiFIT Vestibular and Balance Movements | • Bodyweight exercises |
| • GiGiFIT Foundational Movements | • GiGiFIT Warm-up and Cool Down | • Resistance training |
| • GiGiFIT Hip Strengthening Movements | • GiGiFIT Plyometric Movements (advanced progressions only) | • Balance activities |
| | | • Cardiovascular exercise |
| | | • Brisk Walk |
| | | • Stretching |

Due to the nature of this program, it is imperative that each participant is in a state of health that is conducive to participation in physical activity. As the physician overseeing the health care of the above mentioned individual, your approval for participation in physical activity is requested. For more information regarding the program, please contact your local GiGi's Playhouse. Thank you!



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- I approve my patient participating in the proposed physical activities
- I do not approve my patient participating in any of the proposed physical activities
- I approve my patient participating in the proposed physical activities with the following modifications:

This individual has (or had surgical correction of) cervical subluxation/atlando-axial instability and should not participate in activities likely to result in a blow to the head or straining of the neck such as wrestling, diving, gymnastics, tumbling, butterfly stroke, or contact sports.

Physician's Name (printed/ stamped): _____

Phone Number: _____ Address: _____

Physician's Signature: _____ Date: _____