

Eagle Fitness Center

E

FITNESS ASSESSMENT REGISTRATION

Name: _____ Phone #: _____

E-mail Address: _____

CONSENT AND LIABILITY WAIVER

I, _____, acknowledge that I will be participating in weight and/or cardiovascular training.

I understand that the cardiovascular equipment, weight machines, and free weights in the fitness center were not designed for specifically any age. Therefore, some have an increased risk for injury. I also understand that a possibility for injuries exists when utilizing weight training equipment and that these injuries **MAY** have a permanent effect on the body. Any questions regarding your risk for injury should be directed to your family physician.

I understand that I must be in good physical condition and free from any medical condition that may be aggravated by physical activity. I also understand that I must have a physical examination by a physician. The undersigned does hereby assume all risks and hazards. The undersigned hereby acknowledges that he/she possesses adequate medical and hospitalization insurance coverage in case of injury.

Signature

Date

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INFORMED CONSENT FORM

NAME: _____

ADDRESS: _____

TELEPHONE: _____ AGE: _____ GENDER: M F

_____ has volunteered to participate in a program of progressive physical exercise. I _____ waive any possibility of personal damage or injury to self for present and future use of the facility and accept responsibility for requesting such exercise and assistance. The possibility of certain unusual changes during exercise does exist. They include abnormal blood pressure, fainting, disorders of heartbeat, and very rare instances of heart attack. Every effort will be made to minimize them by preliminary examination and by observations during situations which may arise. I hereby acknowledge and accept these risks. To my knowledge I have no limiting physical condition or disability which would preclude an exercise program.

Signature

Date

If a participant refuses to obtain a physician's permission, he/she must sign the following statement.

All participants prior to involvement in the exercise program should obtain a physician's examination.

I, _____, have been informed of the need for a physician's approval for participation in a progressive exercise-fitness program. I fully understand the strenuous nature of the program.

I, _____, accept complete responsibility for my own health and well-being in the voluntary exercise-fitness program and understand that no responsibility is assumed by Ramona Park

Signature

Date

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THE PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

PAR-Q is designed to help you help yourself. Many health benefits are associated with regular exercise and the completion of the PAR-Q is a sensible first step to take if you are planning to increase the amount of physical activity in your life.

For most people, physical activity should not pose any problem or hazard. PAR-Q has been designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them.

Common Sense is your best guide in answering these questions. Please read them carefully and circle the YES or NO for each question as it applies to you.

- | | | | | | |
|----|---|---|---|-----|----|
| 1. | Has your doctor ever said that you have heart trouble? | . | . | YES | NO |
| 2. | Do you frequently have pains in your heart or chest? | . | . | YES | NO |
| 3. | Do you often feel faint or have spells of severe dizziness? | . | . | YES | NO |
| 4. | Has your doctor ever said that your blood pressure was too high? | . | . | YES | NO |
| 5. | Has your doctor ever said that you have a bone or joint problem, such as arthritis, that has been aggravated by exercise, or might be made worse with exercise? | . | . | YES | NO |
| 6. | Is there a good physical reason, not mentioned here, why you should not follow an activity program even if you wanted to? | . | . | YES | NO |
| 7. | Are you over the age of 65 and not accustomed to vigorous exercise? | . | . | YES | NO |

If you answered YES to one or more questions:

If you have not recently done so, consult with your personal physician by telephone or in person BEFORE increasing your physical activity and/or taking a fitness test. Tell him or her what questions you answered YES. After a medical evaluation, seek advice from your physician as to your suitability for:

- Unrestricted physical activity, probably on a gradually increasing basis or
- Restricted and supervised activity to meet your specific needs, at least on an initial basis. Check in your community for special programs or services.

If you answered NO to all questions:

If you answered the questions on the PAR-Q accurately, you have reasonable assurance of your present suitability for

-A GRADUATED EXERCISE PROGRAM – A gradual increase in proper exercise promotes good fitness development while minimizing or eliminating discomfort.

-AN EXERCISE TEST – Simple tests of fitness may be undertaken if you desire.

Postpone exercise or exercising test: -If you have a temporary minor illness, such as a common cold.

PAR-Q Acknowledgement:

Name (PRINTED)

Signature

Date

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HEALTH HISTORY FORM

Name _____ Date _____

Address _____

Cell #: _____ Other #: _____

DOB: _____ HT: _____ WT: _____

Person to contact in case of emergency:

Name: _____ Phone #: _____

Are you currently taking any medications? Yes No

If so, please list medications, dose and reason: _____

Does your physician know you are participating in this exercise program? Yes No

Describe any physical activity you do somewhat regularly: _____

MEDICAL HISTORY

Any history of heart problems, chest pains or stroke? Yes No
Increased blood pressure? Yes No
Any chronic illness or condition? Yes No
Difficulty with physical exercise? Yes No
Advise from physician **NOT** to exercise? Yes No
Recent surgery (last 12 months)? Yes No
Pregnancy (currently or in the last 3 months)? Yes No
History of breathing or lung problems (asthma)? Yes No
Muscle, joint, or back disorder? Yes No
Diabetes or thyroid condition? Yes No
Smoking Habit? Yes No
Previous injury still affecting you? Yes No
obesity (more than 20% over ideal body weight)? Yes No
Increased blood cholesterol? Yes No
Hernia, or any condition that may be aggravated by lifting weights? Yes No
History of heart problems in immediate family? Yes No

Please explain any "Yes" answers: _____

I, _____ do hereby agree that all of the information regarding my medical history is correct to my knowledge.

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MEDICAL RELEASE FORM

Date: _____

Dear Medical Professional:

Your patient _____ wishes to begin a personalized training program. Requesting written permission based on the information taken from their medical history. If your patient is taking medication that will affect his/her heart rate response to exercise, please indicate the manner of the effect (raises, lowers, or has no effect on heart rate response):

Type of Medication _____

Effect _____

Please identify any recommendations or restrictions that are appropriate for the involvement of your patient in this exercise program:

Frequency: _____

Intensity: _____

Time: _____

Type: _____

Physician's Name (Print) M.D. _____
Date

Physician's Signature M.D. _____
Phone

