

BAY TENNIS AND FITNESS

Informed Consent for Physical Activity

Client Contact Information:

Name: _____ Phone (mobile): _____

Address : _____ Phone (home): _____

In case of emergency contact _____ Phone _____

General Statement of Program Objectives and Procedures:

I understand that this physical fitness program includes exercises to build the cardio respiratory system (heart and lungs), the musculoskeletal system (muscle endurance and strength, and flexibility), and to improve body composition (decrease of body fat in individuals needing to lose fat, with an increase in weight of muscle and bone). Exercise may include aerobic activities (treadmill, walking, running, cycling, elliptical, wave, rowing machine exercises, group aerobic activity, and other aerobic activities), callisthenic exercises, and Pilates or weight lifting to improve muscular strength and endurance and flexibility exercises to improve joint range of motion.

Description of Potential Risks:

I understand that the reaction of the heart, lung, and blood vessel system to exercise cannot always be predicted with accuracy. I know there is a risk of certain abnormal changes occurring during or following exercise which may include abnormalities of blood pressure or heart attacks. Use of the weight lifting equipment and engaging in heavy body calisthenics may lead to musculoskeletal strains, pain and injury if adequate warm-up, gradual progression and safety procedures are not followed while and during the personal training program. Client using the exercising equipment during the personal training program does so at his/her own risk. Client assumes full responsibility for any injuries or damages which may occur during the training.

All use of BAY AREA TENNIS AND FITNESS INC. /PETOSKEY HEALTH AND FITNESS INC., facilities will be at the member's sole risk. BAY AREA TENNIS AND FITNESS INC. /PETOSKEY HEALTH AND FITNESS INC. will not be liable for any injury to Member, other family members, guest of Members, or any damage to property of the Member, family member or guest of Member. BAY AREA TENNIS AND FITNESS INC. /PETOSKEY HEALTH AND FITNESS INC. will not be subject to any claim or demand whatsoever, including without limitation, any claim or demand for injury or damages resulting from acts of active or passive negligence on the part of BAY AREA TENNIS AND FITNESS INC. /PETOSKEY HEALTH AND FITNESS INC, its owners, officers, Personal Trainers, Coaches, Instructors, or agents. The Member for himself or herself and on behalf of the executors, administrators, assigns and successors of the member, does hereby expressly forever release and discharge of BAY AREA TENNIS AND FITNESS INC. /PETOSKEY HEALTH AND FITNESS INC and its successors and assigns as well as its officers and agents, from all said claims, demands actions and causes of action.

I understand and warrant, release and agree that I am in good physical condition and that I have no disability, impairment or ailment preventing me from engaging in active or passive exercise that will be detrimental to heart, safety, or comfort, or physical condition if I engage or participate (other than those items fully discussed on health history form).

I state that I have had a recent physical checkup and have my personal physician's permission to engage in aerobic and/or anaerobic conditioning.

Description of Potential Benefits:

I understand that a program of regular exercise for the heart, lungs, muscles and joints, has many benefits associated with it. These may include a decrease in body fat, improvement in blood fats and blood pressure, improvement in physiological function, and decrease in heart disease.

I have read the foregoing information and understand it. Any questions which may have occurred to me have been answered to my satisfaction.

Signature of Participant _____ Date _____

Signature of Witness _____ Date _____

PAR-Q and YOU

(A Questionnaire for People Aged 15 to 69)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 to 69, the Par-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly. Check YES or NO.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
<input type="checkbox"/>	<input type="checkbox"/>	2. Do you feel pain in your chest when you do physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	3. In the past month, have you had chest pain when you are not doing physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	4. Do you lose your balance because of dizziness or do you ever lose Consciousness?
<input type="checkbox"/>	<input type="checkbox"/>	5. Do you have a bone or joint problem (for example, back, neck, knee, or hip) that could be made worse by a change in your physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
<input type="checkbox"/>	<input type="checkbox"/>	7. Do you know <u>any other reason</u> why you should not do physical activity?

if

YES to one or more questions

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

you

- You may be able to do any activity you want—as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.

answered

- Find out which community programs are safe and helpful to you.

NO to all questions

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- start becoming much more physically active – begin slowly and build up gradually. This is the safest and easiest way to go.
- take part in a fitness appraisal – this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

DELAY BECOMING MUCH MORE ACTIVE:

- If you are not feeling well because of a temporary illness such as a cold or a fever – wait until you feel better; **or**
- If you are or may be pregnant – talk to your doctor before you start becoming more active.

PLEASE NOTE: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

Informed use of the PAR-Q: The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completion of this questionnaire, consult your doctor prior to physical activity.

NOTE: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

"I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction."

NAME: _____

SIGNATURE: _____

DATE: _____

SIGNATURE OF PARENT: _____
or GUARDIAN (for participants under the age of majority)

WITNESS: _____

NOTE: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.

Trainer: _____

HEALTH STATUS

PART I. Personal Information

Name _____			Date _____
Address _____			Primary Phone # _____
Email _____			Secondary Phone# _____
Personal Physician _____			Physician phone # _____
Date of Birth _____	Age _____	Age you feel _____	Date of Last Physical _____
Emergency contact _____	Phone # _____	Occupation _____	How did you find us? _____

PART II. Health History

Indicate any diseases or illnesses you have had or currently have:

- | | | |
|--|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Allergies | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Back Condition | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Low Blood Pressure |
| <input type="checkbox"/> Bursitis | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Fatigue |
| <input type="checkbox"/> Ulcers | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Hemorrhoids |
| <input type="checkbox"/> Hernia | <input type="checkbox"/> Joint Pain | <input type="checkbox"/> Nervous Tension |
| <input type="checkbox"/> Sinus | <input type="checkbox"/> Varicose Veins | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Shortness of Breath | <input type="checkbox"/> Other _____ | |

Have you had any family history of chronic disease (heart disease, diabetes, etc.)? YES / NO

IF YES please list _____

Are you currently taking any medications? YES / NO

IF YES please list _____

Cholesterol Profile: HDLs _____ LDLs _____ Total _____

PART III. Health Related Behavior

Cigarette Packs smoked/week _____ Do you drink alcohol regularly _____

Cups of coffee or tea consumed/day _____ Cans cola drinks _____

Fast food per week _____ Dieting _____ Eating habits _____

Hours of sleep do you normally get per night _____

PART IV. Fitness

Are you currently involved in an exercise regiment? YES / NO

IF YES, please list forms of exercise: _____

IF NO, when were you last exercising routinely? _____

How many days per week do you accumulate 30 minutes of moderate activity? _____

How many days per week do you accumulate at least 20 minute of vigorous activity(i.e. continuous heavy lifting or sprinting)? _____

Have you had any injuries related to physical activity? YES / NO

If YES please list _____

Do you suffer from any chronic pain? YES / NO

If YES please list _____

Have you ever participated in resistance/weight training before? YES / NO

If YES, Did you receive any instruction? YES / NO

Have you ever trained with a personal trainer before? YES / NO

IF YES, please explain: _____

PART IV. Goals

Do you have any health related goals (i.e. Lower blood pressure, recovering from injury, age related) ? YES/NO

IF YES please list _____

Do you have any specific goals related to body composition (i.e. Weight loss, build muscle, etc.)? YES/NO IF YES please list _____

Do you have any goals related to general fitness (active lifestyle, cardio, toning, conditioning, flexibility, range of motion, muscle endurance, nutrition)? _____

Do you have any activity or sport related goals? _____

Do you have any peak performance or advanced related goals (i.e. event conditioning, cardio endurance, VO2 max, strength, power lifting, body building, mental focus) YES / NO

IF YES please list _____

Do you have a time frame for your goals? _____ How many days a week do you plan on working out? _____

PART V. Comments
