2020
Personal Training
Team Fitness Competition
Spring Break Beach Bod Special

Participant Enrollment Packet
Please fill out and return this packet with your fee to the rec center front desk.

TO HRC BUILDING MANAGERS:

1. STAPLE COPY OF PAYMENT RECEIPT TO THIS PACKET
   a. $70 per team member for 4 group training sessions (CMU student rate)
   b. $120 per team member for 8 group training sessions (CMU student rate)

2. DO NOT ACCEPT ANY PACKETS WITHOUT A PAYMENT.
3. EACH TEAM MEMBER MUST FILL OUT A PACKET.
4. THEIR COACH WILL CONTACT THEM TO SCHEDULE.
5. PLACE PACKET IN EMILY’S BOX.

THANK YOU.
SPRING BREAK BEACH BOD SPECIAL – Health History Questionnaire

PLEASE PRINT CLEARLY

FIRST NAME ___________________________ LAST NAME ________________________________

700# ___________________________ TELEPHONE ___________________________

STUDENT: Freshman Sophomore Junior Senior

E-MAIL _____________________________@mavs.coloradomesa.edu

TEAM NAME _______________________________________________________________________

OTHER TEAM MEMBERS (3-5)_____________________________________________________

Name of the coach/coaches you prefer- circle one option: 1) Matt or 2) Amy and Chris

Coaches availability:

**Matt’s:**

Monday: 12-1, 4:30 and on

Tuesday: 8-11, 12:30-5

Wednesday: 12-6

Thursday: 8-11, 12:30-2,

Friday: 12 and on

Saturday and Sunday: Open

**Amy’s (Week 1 and 4):**

Monday: 2-6

Wednesday: 2-6

Friday: 12-6

**Chris’s (Week 2 and 3):**

Tuesday: 1-2, 2:30-3:30, 4-5, 5:30-6:30

Wednesday: 2:30-3:30, 5:30-6:30

Thursday: 1:30-2:30, 3-4, 4:30-5:30, 6-7

What is your team’s availability? Please check the days of the week and record the times that you prefer.

______Monday/Time(s): _____________________________________________

______Tuesday/Time(s): ____________________________________________

______Wednesday/Time(s): __________________________________________

______Thursday/Time(s): ____________________________________________

______Friday/Time(s): ______________________________________________
1) Please list any illness, hospitalization, or surgical procedures that you have had within the last two years:
__________________________________________________________________________________
__________________________________________________________________________________

2) Has a physician ever told you that you have had any of the following?

____ Coronary Heart Disease       ____ Heart Attack
____ Rheumatic Disease            ____ Stroke
____ Congenital Heart Disease     ____ Epilepsy
____ Irregular Heartbeats        ____ Diabetes
____ Heart Valve Problems         ____ Angina
____ Heart Murmurs                ____ Cancer
____ High Blood Pressure          ____ Arthritis
____ High Cholesterol             ____ Obesity
____ Lung Disease (Asthma, Emphysema, etc.)
____ Other

Please Explain:
__________________________________________________________________________________
__________________________________________________________________________________

3) Has anyone in your immediate family (mother, father, siblings, grandparents) experienced any of the above conditions?  _____ Yes  _____ No

4) Do you ever experience any of the following?

____ Chest Pain/Discomfort
____ Shortness of Breath
____ Heart Palpitations
____ Back Pain
____ Joint, Tendon, or Muscular Pain
____ Orthopedic Problems

If yes, please explain:
__________________________________________________________________________________
__________________________________________________________________________________
5) Please list any medications that you are currently taking (name & reason):
____________________________________________________________________________
____________________________________________________________________________

6) Do you have any medical conditions for which a physician has ever recommended some restrictions on activity (including surgery)? _____ Yes _____ No
If yes, please explain:
____________________________________________________________________________
____________________________________________________________________________

7) Are you pregnant? _____ Yes _____ No

8) Do you smoke? _____ Yes _____ No
_____ Cigarettes per day
_____ Pipes per day
_____ Cigars per day
Do you use smokeless tobacco? _____ No _____ Yes

9) Do you eat a variety from the major food groups (meats, fruits, vegetables, grains, milk)? _____ No _____ Yes

10) Is your diet high in saturated fat (milk products, cheese, meats, fried foods, desserts)? _____ No _____ Yes

11) Check the description that best represents the amount of stress you experience on a daily basis.
_____ No stress
_____ Occasional mild stress
_____ Frequent high stress
_____ Constant high stress
_____ Frequent moderate stress

12) Have you had recent weight loss or gain? If so, how much?
____________________________________________________________________________

13) Are you presently exercising? _____ Yes _____ No
If yes, how many hours per week? ________________

14) Please describe your current exercise program. List the type of activity, number of sessions per week, time per session, and intensity level:
____________________________________________________________________________
____________________________________________________________________________

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15) Please mark the following that most closely align with your goals:

- [ ] Gain weight/muscle
- [ ] Increase Energy
- [ ] Reduce Stress
- [ ] Rehab Injury
- [ ] Cardio Fitness
- [ ] Improve Flexibility
- [ ] Lose Weight/inches
- [ ] Prevent Injury
- [ ] Improve Muscle Tone
- [ ] Improve Strength
- [ ] Sports Training (what sport)
- [ ] other (please explain)
PAR-Q
Physical Readiness Questionnaire

Name ______________________________________________ Date ______________________
DOB __________________ Age ___________ Phone ______________________________

Regular exercise is associated with many health benefits. Increasing physical activity is safe for most people. However, some people should check with their doctor before they start becoming much more physically active. Completion of this questionnaire is a first step when planning to increase the amount of physical activity in your life. Please read each question carefully and answer each question honestly.

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>Question</th>
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<td>1) Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?</td>
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<td>2) Do you feel pain in your chest when you do physical activity?</td>
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<td>3) In the past month, have you had chest pain when you were not doing physical activity?</td>
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<td>4) Do you lose your balance because of dizziness or do you ever lose consciousness?</td>
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<td>5) Do you have a bone or joint problem (for example, back, knee, or hip) that could be made worse by a change in your physical activity?</td>
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<td>6) Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?</td>
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<td>7) Do you know of any other reason why you should not do physical activity?</td>
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- You should delay becoming much more active if you are not feeling well because of temporary illness such as a cold or a fever or if you are or may become pregnant. Talk to your doctor before you start becoming more active.
- If you answered YES to one or more questions, you will need to get a physical activity release from your doctor before becoming more physically active.
- If you honestly answered NO to all questions you can be reasonably certain you can safely increase your level of physical activity gradually.
- If your health changes so you then answer YES to any of the above questions, seek guidance from a physician.

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

Name ______________________________________________ Date ______________________
Signature ______________________________________________ Date ______________________
(If under 18 years of age)

Signature of Parent ______________________________________ Date ______________________

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.
SPRING BREAK BEACH BOD SPECIAL Participation Agreement

Please understand and acknowledge the following policies:

- In order to participate and be eligible for prizes, all participant body fat percentages must be measured before the posted deadlines. Both a pre and post measurement are necessary!
- In the event a participant does not attend an appointment, it is the responsibility of the participant to communicate with their coach/trainer. *It is not guaranteed that a missed appointment will be eligible for a reschedule before the deadline. Please see the 24-hour cancellation policy!*
- The Health History Questionnaire and PAR-Q are required to be filled out in order to participate.

Participant Name (Please Print)

______________________________________________

Participant Signature

______________________________________________

Date

To contact the Manager of Wellness/Fitness at the Hamilton Rec Center, please call 970-248-1234 or email emthom@coloradomesa.edu.