



Total Body Exercise Class Registration Forms

Name _____ Date _____

Address _____

City _____ Zip _____

Email _____ Phone _____

DOB ____ / ____ / ____ Age _____ Wt. _____ Ht. _____

Are you taking medications? If yes please list _____

My main goal for joining is _____

Describe your current activity and or exercise program:

Type: _____

Frequency: _____ days/week. Duration: _____ minutes

Intensity (circle one): Low Moderate High

Any medical conditions? _____



Physical Activity Readiness Questionnaire PAR-Q

For those ages 15-69

Being physically active is very safe for most people. Some people, however, should check with their doctors before they increase their current level of activity. The PAR-Q has been designed to identify the small number of adults for whom physical activity may be inappropriate or those who should have medical advice concerning the type of activity most suitable for them.

Answer yes or no to the following questions:

Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? Yes/No

Do you feel pain in your chest when you do physical activity? Yes/No

In the past month, have you had chest pain when you were not doing physical activity? Yes/No

Do you lose your balance because of dizziness or do you ever lose consciousness? Yes/No

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? Yes/No

Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition? Yes/No

Do you know of any other reason why you should not do physical activity? Yes/No

If you answered yes:

If you answered yes to one or more questions, are older than age 40 and have been inactive or are concerned about your health, consult a physician before taking a fitness test or substantially increasing your physical activity. You should ask for a medical clearance along with information about specific exercise limitations you may have.

In most cases, you will still be able to do any type of activity you want as long as you adhere to some guidelines.

If you answered no:

If you answered no to all the PAR-Q questions, you can be reasonably sure that you can exercise safely and have low risk of having any medical complications from exercise. It is still important to start slowing and increase gradually. It may also be helpful to have a fitness assessment with a personal trainer or coach in order to determine where to begin.

****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 if you should change your physical activity plan.

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

Print Name _____ Date _____

Signature _____ Date _____

INFORMED CONSENT FOR PARTICIPATION IN AN EXERCISE PROGRAM



NAME: _____ DATE: _____

1. Purpose and Explanation of Procedure

I hereby consent to voluntarily engage in a program of exercise conditioning. I also give consent to be placed in program activities which are recommended to me for improvement of my general health and well-being. These may include dietary counseling, stress reduction, and health education activities. The levels of exercise that I will perform will be based upon my cardiorespiratory (heart and lungs) fitness as determined through my recent graded exercise test. I will be given exact instructions regarding the amount and kind of exercise I should do, I agree to participate one to five times per week in the formal program sessions. Professionally trained personnel will provide leadership to direct my activities, monitor my performance, and otherwise evaluate my effort. Depending upon my health status, I may or may not be required to have my blood pressure and heart rate evaluated during these sessions to regulate my exercise within desired limits. I understand that I am expected to attend scheduled sessions and to follow staff instructions with regard to exercise, diet, stress management, and smoking cessation. If I am taking prescribed medications, I have already so informed the program staff and further agree to so inform them promptly of any changes which my doctor or I have made with regard to use of these. I will be given the opportunity for periodic assessment and it is suggested I have yearly graded exercise test, lipid profile and physical exam. The program may change the foregoing schedule of evaluations if this is considered desirable for health reasons.

I have been informed that during my participation in exercise, I will be asked to complete the physical activities unless symptoms such as fatigue, shortness of breath, chest discomfort or similar occurrences appear. At that point, I have been advised it is my complete right to decrease or stop exercise and that it is my obligation to inform the program personnel of my symptoms. I hereby state that I have been so advised and agree to inform the program personnel of my symptoms, should any develop.

I understand that during the performance of exercise, a trained observer will periodically monitor my performance and, perhaps measure my pulse, blood pressure or assess my feelings of effort for the purposes of monitoring my progress. I also understand that the observer may reduce or stop my exercise program, when any of these findings so indicate that this should be done for my safety and benefit.

2. Risks

It is my understanding, and I have been informed, that there exists the remote possibility during exercise of adverse changes including abnormal blood pressure, fainting, disorders of heart rhythm, and very rare instances of heart attack, stroke or even death. Often injuries to bones, muscles, tendons, ligaments and other parts of my body may also occur. Every effort, I have been told, will be made to minimize these occurrences by proper staff assessment of my condition before each exercise session, through staff supervision during exercise and by my own careful control of exercise efforts. I have also been informed that emergency equipment and personnel are readily available to deal with unusual situations should these occur. I understand that there is a risk of injury, heart attack, or even death as a result of my exercise, but knowing these risks, it is my desire to participate as herein indicated.

3. Benefits to be Expected and Alternatives Available to Exercise

I understand that this program may or may not benefit my physical fitness or general health. I recognize that involvement in the exercise sessions will allow me to learn proper ways to perform conditioning exercises, use fitness equipment and regulate physical effort. These experiences should benefit me by indicating how my physical limitations may affect my ability to perform various physical activities. I further understand that if I closely follow the program instructions, that I will likely improve my exercise capacity after a period of three (3) to six (6) months.

4. Confidentiality and Use of Information

I have been informed that the information which is obtained in this exercise program will be treated as privileged and confidential and will consequently not be released or revealed to any person without my express written consent or as required by law. I do however agree to the use of any information which is not personally identifiable with me for research and statistical purposes so long as same does not identify my person or provide facts which could lead to my identification. Any other information obtained however, will be used only by the program staff in the course of prescribing exercise for me and evaluating my progress in the program.

5. Inquires and Freedom of Consent

I have been given opportunity to ask certain questions as to the procedures of this program. Generally these requests which have been noted by the interviewing staff member and his/her responses are as follows:

I further understand that there are also other remote risks that may be associated with this program. Despite the fact that a complete accounting of all these remote risks is not entirely possible, I am satisfied with the review of these risks which was provided to me and is still my desire to participate.

I acknowledge that I have read this document in its entirety or that it has been read to me if I have been unable to read same.

Consent to the rendition of all services and procedures as explained herein by all program personnel.

Printed Participant's Name

Participant's Signature

Witness' Printed Name

Witness' Signature

Date