

**2017 Summer SlimDown
Registration Form**

Name: _____ CWID: _____

Department: _____

Phone # _____ Email: _____

Employee Status (check which apply): Faculty Staff (Full-time or Part-time)

Preferred Training Time (Space is limited. Put "1" as first choice, "2" as second choice):

_____ 6:00-7:00 AM, Tuesdays and Thursdays

_____ 5:15-6:15 PM, Tuesdays and Thursdays

Confirmed (for office use)

Cost:

Rate: \$99.00 (current UREC member)

Rate: \$155.00 (non-member)

Payment Method: Check (Make check payable to The University of Alabama)
 Cash Credit Card

***Return this form with payment to the Student Recreation Center (UREC),
Monday – Thursday, 7:30am-5:30pm or Friday, 7:30am-4:30pm.**

Call (205) 348-0077, for more information.

Forms Completed: University Recreation Membership
(For Office Use) PAR-Q form
 UREC Informed Consent
 University Recreation Health History
 UREC Fitness Services Consent

Received by: _____ Date: _____

PAR-Q & 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 and 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 <u>and</u> 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 were 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, 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 of <u>any other reason</u> why you should not do physical activity?

If
you
answered

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 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.
- Find out which community programs are safe and helpful for 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 completing this questionnaire, consult your doctor prior to physical activity.

No changes permitted. You are encouraged to photocopy the PAR-Q but only if you use the entire form.

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.

Health History Questionnaire

Name _____ Age _____ Date of Birth _____ Gender _____
First MI Last

Address _____
Street City State Zip

Telephone (home) _____ (cell) _____

Personal Physician _____ Location _____

Emergency Contact _____ Phone # _____ Relationship _____

To help us determine if you should consult with your physician before starting an exercise program with University Recreation, please read the following questions carefully and answer each one honestly. All information will be kept confidential. Please mark YES or NO:

- | | | |
|-----|----|--|
| YES | NO | Do you have a heart condition? |
| YES | NO | Have you ever experienced a stroke? |
| YES | NO | Do you have epilepsy? |
| YES | NO | Are you pregnant? |
| YES | NO | Do you have diabetes? |
| YES | NO | Do you have emphysema? |
| YES | NO | Do you feel pain in your chest when you engage in physical activity? |
| YES | NO | Do you have chronic bronchitis? |
| YES | NO | In the past month, have you had chest pain when you were not doing physical activity? |
| YES | NO | Do you ever lose consciousness or do you ever lose control of your balance due to chronic dizziness? |
| YES | NO | Are you currently being treated for a bone or joint problem that restricts you from engaging in physical activity? |
| YES | NO | Has a physician ever told you or are you aware that you have high blood pressure? |
| YES | NO | Anyone in your immediate family had a heart attack, stroke, or cardiovascular disease before age 55? |
| YES | NO | Has a physician ever told you or are you aware that you have a high cholesterol level? |
| YES | NO | Do you currently smoke? |
| YES | NO | Are you a male over 44 years of age? |
| YES | NO | Are you a female over 54 years of age? |
| YES | NO | Are you currently exercising LESS than 1 hour per week? |

MEDICAL CONDITIONS:

Please list recent hospitalizations (women please do not list normal pregnancies)

Year Location Reason

Any other medical problems not already identified?

Are you taking any prescription or non-prescription medications? (Include birth control pills)

Medication Reason for taking For how long?

Informed Consent

I desire to participate voluntarily in a progressive exercise program and/or various fitness tests in an attempt to assess and improve my physical fitness.

I understand that these physical activities and/or various fitness tests are designed to put a gradually increasing workload on my circulatory system and/or musculoskeletal system in an attempt to improve their function. The reaction of the system(s) to such activities cannot be predicted with complete accuracy. The possibility of certain unusual changes during or following the exercise session does exist. These changes could include abnormalities of blood pressure or heart rate, ineffective heart function, fainting, muscle strains, and possibly, in rare instances, a heart attack or cardiac arrest.

The benefits obtained from the various fitness tests might include an increased knowledge of chronic disease risk as well as baseline measures for the trainer to use in assessing improvements in your fitness level.

The benefits obtained from the exercise program might include a more efficient cardiovascular system, a decrease in the risk of heart disease and other chronic diseases, an improved muscular and skeletal system, and a higher quality of life. I realize that is necessary for me to report promptly any signs or symptoms indicating abnormalities or distress. I know that if there are any questions about the procedures or methods used during an exercise session or test, I should ask my trainer. If I have any doubt, concerns or questions I should ask for further explanation.

I have read this form and I voluntarily consent to participate in this exercise program and/or various fitness tests and realize that I am free to withdraw at any time.

Date _____

Name (Please Print) _____

Signature _____

Witness _____