

On Campus CC25K TRAINING Enrollment Form

Training begins Tuesday, February 20th



Locations/Times:

- UREC: 6:00am & 5:15pm (Tuesdays & Thursdays)

Training Dates:

- Pre-Assessment February 13 or February 15
- Training begins Tuesday, February 20
- Completion of training is Thursday, April 5
* Training will be cancelled for inclement weather

How to Enroll:

- Complete this form along with the University Recreation Center packet
- Return to University Recreation Center Membership Office by February 8th

For more information: Please contact us at the Office of Health Promotion & Wellness at 348-0077, wellness@ua.edu or visit <http://wellness.ua.edu/>

While training is designed to prepare you mentally and physically for the event it will also provide a fun and social atmosphere.

Enrollment Form

Name _____

Department _____

Phone _____ Email _____

Pre-Assessment Evaluation:

Your pre-assessment will involve an evaluation by our trainers to place you in the most appropriate level for training.

Select time and day for your pre-assessment:

☐ 6:00 am **OR** ☐ 5:15 pm

☐ Tuesday, February 13th **OR** ☐ Thursday, February 15th

Training Times:

☐ Tuesday __6:00am __5:15pm

☐ Thursday __6:00am __5:15pm

☐ **\$20.00 UREC Members**

☐ **\$75.00 UREC Non-Members**
(additional fee covers access to Recreation Center for length of training program)

Instructions:

- Select a pre-assessment appointment
- Select a training program
- Return complete packet and payment to Recreation Center membership office by **February 8th.**

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 _____