

ACTIVITY REGISTRATION FORM

KENT STATE
UNIVERSITY

Recreation and
Wellness Services

PRIMARY MEMBER:

Full Name: _____

REGISTRATION DATE: _____

Birthdate: _____

HOUSEHOLD INFORMATION: ____ on file

Street Address: _____

City: _____ State: _____ Zip: _____

Primary Phone #: _____

Email: _____

Secondary Phone #: _____

EMERGENCY CONTACT: ____ on file

Full Name: _____

Primary Phone #: _____

Relationship: _____

Secondary Phone #: _____

HOLD HARMLESS, RELEASE, AND ASSUMPTION OF RISK

In consideration of being permitted to enter Kent State University's Student Recreation and Wellness Center (SRWC) or any facility or field maintained by Recreation and Wellness Services or any other University-owned property, for any purpose, including but not limited to observation, use of facilities or equipment, participation in instructional or fitness classes or sessions, club sports, or participation in any way related, and by your signature below, You hereby acknowledge and agrees to the following:

I have inspected, or immediately upon entering, will inspect such premises and facilities and any such use or observation constitutes an acknowledgement that such premises and all facilities and equipment thereon have been inspected and that I find and accept the same as being safe and reasonably suited for use.

I understand and recognize that I am responsible for my own well-being and fully understand all risks involved before participating in any activity or use through Recreation and Wellness Services. I declare that I recognize that it is in my best interest, as well as that of the other participants, to follow the suggestions, guidelines, and/or rules of the activity supervisors, and/or coordinators and that, as an elective, my participation in this activity is entirely voluntary. I fully understand, appreciate, and assume responsibility for the potential dangers, hazards and/or risks, directly and/or indirectly inherent in participating in this activity, as well as engaging in fitness and physical activities in general, which could include the loss of life, serious loss of limb, or loss of property. I agree to utilize all available safety measures including following any safety training provided and wearing all necessary protective gear if required. Also, I understand that the consumption of alcohol and/or use of drugs is strictly prohibited and could result in my dismissal from further participation in the activity.

I understand that any University personnel or agents also participating in this activity are not necessarily medically trained to care for any physical or medical problems that may occur during this activity. I further understand that the University does not carry medical or liability insurance for me while I am participating in this activity. By placing my signature below, I acknowledge to the University that I have adequate medical and hospitalization insurance for any injuries that I may incur as a result of participating in this activity. Recreation and Wellness Services strongly recommends that each member have an annual physical examination and personal medical and accident insurance.

NOW, THEREFORE, in consideration for being allowed to participate in this activity, I agree to release, indemnify, and hold the supervisor(s) and coordinator(s) of this activity, Kent State University, its Board of Trustees, agents, officers, and employees, and student volunteers harmless for any and all direct, indirect, special or consequential damages, or costs, legal and otherwise, which I may incur as a result of my participation in this activity, even if due to the negligence of Kent State University or any person serving in the above-identified capacities. I also agree that I assume full responsibility for and risk of bodily injury, death, or property damage due to the negligence of the releasers or otherwise, while the undersigned is in, upon, or about the premises of the SRWC and or while using the premises or any facilities or equipment hereon.

I have read the above terms of this Agreement, and I understand and voluntarily agree to the terms and conditions and that I am giving up substantial rights including my right to sue. This Agreement is the entire agreement between the parties and shall be binding upon the heirs, administrators, executors, and assigns of the undersigned. I further expressly agree that the forgoing release, waiver, and indemnity provided herein is intended to be as broad and inclusive as permitted by the laws of the State of Ohio, and that if any portion thereof is held to be invalid, it is agreed that the remaining language shall, notwithstanding, continue in full legal force and effect.

I acknowledge that I am signing the agreement freely and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Name (Please print): _____ Banner ID: _____

Member/Participant Signature: _____ Date: _____

As a parent/guardian on behalf of the above-named minor, I have read the above terms of this Agreement, and I understand and agree to the terms and conditions stated herein on behalf of myself and my minor child. I understand further and agree that the University is not assuming a custodial or special relationship through this activity. This Agreement/Release shall be binding upon the heirs, administrators, executors, and assigns of the undersigned. I further agree to indemnify, release, and hold KSU, and its Board of Trustees, its respective entities, administrators, faculty members, employees, agents, and student volunteers harmless against any injury, claim, or action brought against KSU by or on behalf of the above-named Participant, including but not limited to an action brought by the Participant upon reaching the age of majority. I warrant that I am authorized to execute this Agreement and Release on behalf of the above-named minor. I understand that the University is not responsible for supervising my minor child during this activity.

Parent/Guardian Name (Please print): _____

Parent/Guardian Signature: _____

Date: _____

Personal Training Policies and Procedures

- Training sessions cannot be scheduled until a Fitness Assessment has been scheduled and completed.
- Registration for fitness assessments can only occur through Fitness & Wellness Services, either in person or by telephone at (330) 672-0485.
- We accept cash, check, and credit card payments.
- All participants are required to fill out a Par-Q and registration paperwork. ***Fitness Assessments will not be scheduled until paperwork is completed.***
- Fitness & Wellness Services reserves the right to request a Physician's Clearance Form before a patron can schedule for or participate in any program.
- Fitness Assessments are scheduled to start at the appointment time given. ***Clients should arrive 10-15 minutes early to complete registration paperwork, finalize payment, or schedule additional appointments.***
- Being on time is crucial; many times, we are fully booked and are not able to run over your allotted time. If you are late you will chance the opportunity for your appointment and will be charged.
- Recreation & Wellness Services reserves the right to adjust the schedule. The participant will be notified by telephone under such circumstances.
- Personal Training packages can only be used by the specific person or group of individuals it was purchased for.

Refunds

- No refunds will be issued for cancellation by the participants (exceptions must be approved by the Assistant Director, Fitness & Wellness).
- A full refund will be issued for all programs cancelled by Recreation & Wellness Services.
- Any cancellations of Fitness Assessment appointments must occur **4 hours** prior to the start of their appointment. Cancellations of Personal Training Sessions must occur **24 hours** prior to the start of the session by contacting your trainer.

Important Information Regarding Fitness Assessment Appointments

- Assessments and Exercise Prescriptions both last 1 hour.

Attire

- Men should wear shorts and a T-shirt and tennis shoes.
- Women should wear shorts, a T-shirt, a sports bra, and tennis shoes.
- Participants can wear clothes over these items such as jog pants, sweatshirts, etc.

Restrictions

- The client should abstain from nicotine and caffeine for four hours prior to their assessment.
- The client should not exercise four hours prior to the assessment.
- The client should not apply body lotion prior to the assessment as this could interfere with the body composition test.

Import Information Regarding Personal Training Sessions

Sessions

- All sessions must be completed within 1 year of the purchase date.
- Purchased one-hour sessions may not be split into half-hour sessions.
- Clients are responsible for contacting the trainer if he/she will be more than five minutes late. Trainers are responsible for waiting 15 minutes for late arrivals. Clients will only receive the remaining portion of their session.
- If a trainer is late for a session, the time is owed to the client. This may be done during that particular session or time should be added to a future session.
- If a trainer must cancel an appointment that session is owed to the client. An effort will be made to reschedule this session as soon as possible.
- If a trainer is late or does not show up to an appointment the time will be made up free of charge to the client.

Attire

- Participants should wear clothes suitable for exercise and adhere to all department dress code policies, listed below:
- Athletic Shorts are Required (Cargo Pants/Shorts and Jeans are not permitted)
- Athletic Footwear is Required (Boots, Flip-Flops, and Open-Ended Shoes are not permitted)

Physical Activity Readiness Questionnaire (Par-Q)

It is the aim of Recreation & Wellness Services to give you, the Patron, the best services that we can. Please help us by filling out this questionnaire so we may fulfill your expectations of a healthy and safe fitness program. If you answer "yes" to any of these questions, we may require a Physician's Clearance before we can proceed.

- | | | |
|------------------------------|-----------------------------|--|
| ☐ Yes | ☐ No | Are you under the age of 18? |
| ☐ Yes | ☐ No | Has a doctor ever said you have heart trouble? |
| ☐ Yes | ☐ No | Do you frequently suffer pains in your chest? |
| ☐ Yes | ☐ No | Do you often feel faint or have spells of severe dizziness? |
| ☐ Yes | ☐ No | Has a doctor ever told you that you have a bone or joint problem, such as arthritis, that has been aggravated by exercise or may be made worse with exercise? |
| ☐ Yes | ☐ No | Have you been diagnosed with a chronic medical condition/disorder requiring the care of a physician and/or are you currently experiencing any unresolved medical issues? |
| ☐ Yes | ☐ No | Do you require routine prescription medication other than those related to asthma, seasonal allergies or birth control? |
| ☐ Yes | ☐ No | Have you been diagnosed or treated for an eating disorder? |
| ☐ Yes | ☐ No | Is there any other reason not mentioned here as to why you should not engage in physical activity on a regular basis? If yes, explain: _____ |

- | | | |
|---------------------------------|----------------------------------|---|
| ☐ Accept | ☐ Decline | I accept responsibility for my appointment. If I do not cancel at least four hours prior to my appointment or I do not show up, I forfeit my payment and/or will be charged for this appointment. |
| ☐ Accept | ☐ Decline | I accept responsibility for my training sessions. If I do not contact my trainer at least 24 hours prior to the arranged meeting time or I do not show up, I forfeit my payment and/or will be charged for the session. |
| ☐ Accept | ☐ Decline | If upon further investigation, the assessor finds another factor that may put you, the Patron, at risk, we reserve the right to terminate the appointment and request a physician clearance. |

We are continually educating our staff and encouraging hands-on experience so there is a chance that the Fitness Assessor may have a staff member shadowing them. If this presents a problem, please let us know before you set up your appointment.

Signature

Date

Health History Questionnaire

Regular physical activity is safe for most people. However, some individuals should check with their doctor before they start an exercise program. To help us determine if you should consult with your doctor before starting to exercise with Recreation & Wellness Services, please read the following questions carefully and answer each one honestly. All information will be kept confidential.

Major CAD Risk Factors

- | | | |
|------------------------------|-----------------------------|---|
| ☐ Yes | ☐ No | Are you a male over 45 years of age or a female over 55 years of age? |
| ☐ Yes | ☐ No | Has anyone in your immediate family (father or brother before age 55, mother or sister before age 65) had a heart attack, stroke or cardiovascular disease? |
| ☐ Yes | ☐ No | Do you currently smoke? |
| ☐ Yes | ☐ No | Has a physician ever told you or are you aware that you have high blood pressure (systolic >140 mm Hg and diastolic > 90mm Hg)? |
| ☐ Yes | ☐ No | Has a physician ever told you or are you aware the you have a high cholesterol level (total serum cholesterol > 190 mg/dl or HDL < 40 mg/dl)? |
| ☐ Yes | ☐ No | Do you have diabetes? |
| ☐ Yes | ☐ No | Do you lead a sedentary lifestyle (i.e. sedentary job or currently exercising less than one hour per week)? |

Special Considerations

- | | | |
|------------------------------|-----------------------------|--|
| ☐ Yes | ☐ No | Do you have a heart condition? |
| ☐ Yes | ☐ No | Do you have an artificial pacemaker? |
| ☐ Yes | ☐ No | Do you have any systemic disorders (mononucleosis, hepatitis, etc.) or neuromuscular, musculoskeletal or rheumatoid disorders? |
| ☐ Yes | ☐ No | Are you pregnant? |
| ☐ Yes | ☐ No | Have you had a major surgery or illness within the last 6 months?
Please list: |

- | | | |
|------------------------------|-----------------------------|---|
| ☐ Yes | ☐ No | Are you currently taking any medication or prescription drugs?
Please list the medication and its purpose: |
|------------------------------|-----------------------------|---|

Other Considerations

- | | | |
|------------------------------|-----------------------------|--|
| ☐ Yes | ☐ No | Do you have emphysema? |
| ☐ Yes | ☐ No | Do you have epilepsy? |
| ☐ Yes | ☐ No | Do you have chronic bronchitis? |
| ☐ Yes | ☐ No | Do you carry an inhaler? |
| ☐ Yes | ☐ No | Have you ever lost consciousness or control of your balance due to chronic dizziness? |
| ☐ Yes | ☐ No | Have you had a physical from your doctor in the past year? |
| ☐ Yes | ☐ No | Are you or have you ever been treated for a bone or joint problem that restricts you from engaging in physical activity? |

What: _____

When: _____

- | | | |
|------------------------------|-----------------------------|---|
| ☐ Yes | ☐ No | Is there any physical condition that you have which is aggravated by exercise? Please list: |
|------------------------------|-----------------------------|---|

- | | | |
|------------------------------|-----------------------------|---|
| ☐ Yes | ☐ No | Is there any other reason not mentioned here as to why you should not engage in physical activity on a regular basis? |
|------------------------------|-----------------------------|---|

Please explain: _____

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

Signature

Date

Parent/Guardian Signature

Date

Informed Consent for Exercise Testing of Apparently Healthy Adults

(Without Known or Suspected Heart Disease)

1. Purpose and explanation of test

The purpose of the fitness testing program is to evaluate body composition, cardiovascular fitness, muscular strength and endurance, and flexibility. Body composition is analyzed using skinfold calipers for predicting percent body fat or by a Bioelectrical Impedance Analyzer. The cardiovascular fitness test involves either the Astrand bike test, a 3- minute McArdle step test, a 1 ½-mile walk test or a 1-mile run test. Muscular strength is determined by a one repetition max on a Life Fitness chest press machine. Muscular endurance is determined by a one-minute push-up and sit-up or Reebok curl-up test. Flexibility is determined by a sit-and-reach test.

I hereby represent and inform the program that I have completed the history questionnaire presented to me by the program staff and have provided correct responses to the questions as indicated on the history form or as supplied to the interviewer. It is my understanding that I will be interviewed by a person prior to undergoing the test who will in the course of interviewing me determine if there are any reasons which would make it undesirable or unsafe for me to take the test. Consequently, I understand that it is important that I provide complete and accurate responses to the interviewer and recognize that a failure to do so could lead to possible unnecessary injury to myself during the test.

The tests I will undergo, there may be an increase in exertion that may cause symptoms such as fatigue, shortness of breath, or chest discomfort. If at any time these or any other discomforts are experienced, I will verbally notify the fitness assessor immediately. It is my understanding and I have been clearly advised that it is my right to request that a test be stopped at any point if I feel unusual discomfort or fatigue. My wishes in this regard shall be absolutely carried out.

Teen Assessment Protocol:

Teen Assessments will utilize the Micro Fit Youth Protocol. The purpose of the fitness testing program is to evaluate body composition, cardiovascular fitness, muscular strength and endurance, and flexibility. Body composition is analyzed using skinfold calipers for predicting percent body fat or by a Bioelectrical Impedance Analyzer. The Youth skinfold sites are the Triceps and Calf. The cardiovascular fitness test is the Astrand Youth bike test. Muscular strength is determined by a one-minute push-up test. Muscular endurance is determined by a one-minute sit-up test. Flexibility is determined by a sit-and-reach test.

2. Risks

I understand and have been informed that there exists the possibility of adverse changes during the actual test. I have been informed that these changes could include, but are not limited to, abnormal blood pressure, fainting, and disorders of heart rhythm, stroke, and very rare instances of heart attack or even death. I have been told that every effort will be made to minimize these occurrences by preliminary examination and by precautions and observations taken during the test. I have also been informed that emergency equipment and personnel are readily available to deal with these unusual situations should they occur. I understand that there is a risk of injury, heart attack, or even death as a result of my performance of this test, but knowing those risks, it is my desire to proceed to take the test as herein indicated.

3. Benefits to be expected and available alternative to the exercise testing procedure

The results of this test may or may not benefit me. Potential benefits relate mainly to my personal motives for taking the test, that is, knowing my exercise capacity in relation to the general population, understanding my fitness for certain sports and recreational activities, planning my physical conditioning program, or evaluating the effects of my recent physical activity habits. Although my fitness might also be evaluated by alternative means, for example, a bench step test or a one-mile walk test, such tests do not provide as accurate a fitness assessment as the bike test and those options do not allow equally effective monitoring of my responses.

4. Confidentiality and use of information

I have been informed that the information obtained in this exercise test will be treated as privileged and confidential and will consequently not be released or revealed to any person without my express written consent. I do, however, agree to the use of any information for research or statistical purposes so long as it does not provide facts that could lead to my identification. Any other information obtained, however, will be used only by the program staff to evaluate my exercise status or needs.

5. Inquiries and freedom of consent

I have been given an opportunity to ask certain questions as to the procedures. Generally, these requests which have been noted by the testing staff, and their responses are as follows:

I further understand that there are also other remote risks that may be associated with this procedure. Despite the fact that a complete accounting of all these remote risks has not been provided to me, I still desire to proceed with the test. 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 some. I consent to the rendition of all services and procedures as explained herein by all program personnel.

Signature

Date

Parent/Guardian Signature

Date

Setting Your Health and Fitness Goals

Current Physical Activity Assessment

How often do you currently participate in physical activity?

- ☐ 5 – 7 times per week
- ☐ 3 – 4 times per week
- ☐ 1 – 2 times per week
- ☐ Not in the past 6 months

If active, please list the activities you currently participate in (i.e. cardio, sports, strength training, stretching, etc.)

Activity	Frequency/Week	Average Time	Intensity (easy, moderate, hard)

Goal Setting

In order to increase your chances of being successful at achieving your goals, our Personal Trainers believe all your goals must be “SMART” – Specific, Measurable, Attainable, Relevant and Time calibrated.

Check which goals are most important for you to accomplish at this time:

- | | | |
|---|---|--|
| ☐ Reduce fat | ☐ Build muscle mass | ☐ Pre/post-natal care |
| ☐ Increase strength | ☐ Improve exercise technique | ☐ Rehabilitation |
| ☐ Improve sport specific skills | ☐ Increase motivation | ☐ Reduce stress |
| ☐ Increase flexibility | ☐ Improve health | ☐ Improve nutrition |
| ☐ Improve cardiovascular fitness | ☐ Improve bone density | |
| ☐ Add variety to exercise regime | ☐ Other: _____ | |

Please rate on a scale of 1 to 10 how important it is for you to reach your goal (s): _____

Please describe your goals for the next 3 – 6 months:

Please describe your goals for the next 6 – 12 months:

How would you like to monitor your success?

Do you have a support network to help you stay on track?

☐ Yes

☐ No

Help Us to Help You!

What are your current barriers preventing you from reaching your goals?

☐ Lack of interest

☐ Boredom of exercise

☐ Lack of Time

☐ Motivation

☐ Lack of knowledge

☐ Illness or injury (Please not any illness/injury that has occurred within the past 2 years)

☐ Other

How can the trainer help you stay focused? (i.e. words of encouragement, examples of measured progress, etc.)

Please describe your level of physical activity at your workplace (i.e. sitting, standing).

Integrating YOUR Ideal Fitness Program into Your Week

What is your ideal time to train? Please list days and times:

Lifestyle and Behavior Related Questions

Overall, how would you rate your nutrition? ☐ Low ☐ Medium ☐ High

1. How many meals a day do you eat? _____
2. How many glasses of water do you drink each day? _____
3. How often do you eat out each week? _____
4. How many servings of vegetables do you eat each day? _____
5. How many servings of fruit do you eat each day? _____
6. How many prepackaged/processed foods/meals do you eat each day? _____
7. How many cups of coffee do you have per day? ☐ 0 ☐ 1-2 ☐ 3-5 ☐ 6+
8. How many glasses of alcohol do you drink per week? ☐ 0 ☐ 1-2 ☐ 3-5 ☐ 6+
9. Do you take vitamins or supplements? ☐ No ☐ Yes, please list:

Do you smoke? ☐ No ☐ Yes

(If yes) How many per day? _____ Number of years _____

How many hours do you regularly sleep at night? _____

How would you rate the quality of your sleep? ☐ Low ☐ Medium ☐ High

How would you rate your stress levels? ☐ Low ☐ Medium ☐ High

How do you cope with stress? _____

Personal Training Client Info Sheet

Name: _____

Home Phone: _____ Work Phone: _____

Email: _____

First Choice Personal Trainer: _____

Second Choice Personal Trainer: _____

Client's Availability to Work Out

Sunday: _____

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Please provide as much availability to train as possible to ensure getting paired with a trainer.

How many days a week would you like to train? _____

Session length: _____ 30 Minutes _____ 45 Minutes _____ 60 Minutes

Package purchased (office use only): _____