

NAME: _____ D.O.B: _____

Master Name on Membership: _____

FAMILY HISTORY: *(Includes natural siblings, parents, and grandparents)*

Diabetes Heart Disease High Blood Pressure Stroke

Specify Who: _____

Date of last physical exam _____

In the last 6 months have you taken medication prescribed by your physician? Yes No, if so, please specify

Do you smoke? Yes No If so, how much _____ packs/day.

How many times a week do you exercise? 0 1 2 3 4 5 6 7 more _____

How would you rate your present level of aerobic fitness? Poor Fair Average Good Excellent

YES **NO** *(Please ✓ yes or no)*

 Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?

 Do you feel pain in your chest when you do physical activity?

 In the past month, have you had chest pain when you were not doing any physical activity?

 Do you lose your balance because of dizziness, or do you ever lose consciousness?

 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?

 Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?

 Do you know of any other reason why you should not do physical activity?

INFORMED CONSENT FOR EXERCISE PARTICIPATION

I desire to engage voluntarily in the LifeStyles exercise program. I understand that the activities are designed to place a gradually increasing work load on the cardiorespiratory system and to thereby attempt to improve its function. The reaction of the cardiorespiratory system to such activities can't be predicted with complete accuracy. There is a risk of certain changes that might occur during or following the exercise. These changes might include abnormalities of blood pressure or heart rate.

I understand that the purpose of the exercise program is to develop and maintain cardiorespiratory fitness, body composition, flexibility, and muscular strength and endurance. Specific exercise programs are available based on my needs, interests, and if necessary my doctor's recommendations. All exercise programs include warm-up exercise at target heart rate, and cool-down. The programs may involve walking, jogging, swimming, or cycling; participation in exercise fitness, rhythmic aerobic exercise, or choreographed fitness classes; or calisthenics or strength training. All programs are designed to place a gradually increasing work load on the body in order to improve overall fitness. The rate of progression is regulated by exercise target heart rate and perceived effort of exercise.

I understand that I am responsible for monitoring my own condition throughout the exercise program and should any unusual symptoms occur, I will cease my participation and inform the instructor of the symptoms.

In signing this consent form, I affirm that I have read this form in its entirety and that I understand the nature of an exercise program. I also agree that my questions regarding an exercise program have been answered to my satisfaction.

In the event that a medical clearance must be obtained prior to my participation in an exercise program, I agree to consult my physician and obtain written permission from my physician or sign an assumption of risk form prior to the commencement of any exercise program.

Also, in consideration for being allowed to participate in an exercise program at LifeStyles, I agree to assume the risk of such exercise, and further agree to hold harmless LifeStyles and its staff members conducting the exercise program from any and all claims, such losses, or related causes of action for damages, including, but not limited to, such claims that may result from injury or death, accidental or otherwise, during, or arising in any way from the exercise program.

Signature:  _____

Date: _____

Witness:  _____

Date: _____

LifeStyles Member:

If you have an e-mail address, we would like to add it to your file. By supplying us with your e-mail address, you give us permission to e-mail you ongoing LifeStyles and Health & Wellness Center information

Please print

Last name _____ First name _____

E-Mail Address _____

Please check all interests that apply (for future mailings and e-mails)

AQUATICS

Competitive Swimming
Swim Lessons
Water Safety Programs

CHILDREN PROGRAMS

Babysitting
Birthday Parties
Camps
Kid Fitness
Parent's Night Out
Red Cross Babysitting Course

FITNESS

Chronic Disease
Flexibility / Mobility
Fitness Education
Heart Health Exercise
Personal Training
Strength Training
Weight loss

GROUP EXERCISE

Group Exercise Programs
Group Indoor Cycling
Mind Body (Yoga)
Pilates Reformer
Water Classes

RECREATION

Basketball
Birthday Parties
Camps
Kid Fitness
Pickleball
Rock Climbing Wall
Volleyball

WELLNESS

Cholesterol/Glucose
Screenings
Corporate Wellness
Programs
Nutrition Consults
Nutrition Education
Classes
Weight loss