**Pine Village Wellness Center** New Member Form

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, State, Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you under 18 years of age? YES \_\_\_ NO \_\_\_

Please provide information for two close relatives who can be contacted in case of emergency.

Name 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Day Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Day Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evening Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evening Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Release of Liability: I CHOOSE TO VOLUNTARILY PARTICIPATE IN USING THE PINE VILLAGE WELLNESS CENTER’S FACILITIES, EQUIPMENT AND SERVICES. I UNDERSTAND THAT ANY PHYSICAL ACTIVITY CONTAINS AN ELEMENT OF RISK OF INJURY, INCLUDING POTENTIAL LIFE-THREATENING INJURIES. I AM NOT AWARE OF ANY HEALTH REASONS PREVENTING MY PARTICIPATION IN SUCH ACTIVIIES. I HEREBY RELEASE THE WELLNESS CENTER, PINE VILLAGE, AND THEIR EMPLOYEES FROM ANY AND ALL LIABILITY AND CLAIMS (INCLUDING CLAIMS FOR NEGLIGENCE) FOR INJURY, PROPERTY DAMAGE OR DEATH DUE TO MY USE OF THE WELLNESS CENTER FACILITIES, EQUIPMENT AND SERVICES.

After reading the “Release of Liability,” please initial here: \_\_\_\_\_\_

I have read, understood and completed the “Release from Liability” above. My signature below indicates my compliance with all policies of the PINE VILLAGE Wellness Center.

SIGNATURE OF PARTICIPANT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF PARENT OR GUARDIAN (if under the age of 18) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return the completed form to the Wellness Center.

**Pine Village Wellness Center** Informed Consent

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, State, Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: M \_\_\_\_\_ F \_\_\_\_\_

Preferred Hospital \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Primary Physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You should be aware of the possible risks you might encounter by participating in exercise/ recreation/therapeutic activities offered through the Pine Village Wellness Center. The programs will be centered on activities that include stretching, exercising, muscle toning, low impact aerobics, swimming, and exercises using fitness equipment such as stationary bikes, treadmills, and a multi-station weight machine. The most acute risk would be death caused from cardiac failure during exercise; even though this is unlikely to occur, the possibility does exist. Other medical problems that could result from your participation are sore muscles, cramping, torn and pulled muscles, ankle sprains, stress fractures of the foot, cartilage or ligament damage to major joints, nausea during and after exercise, loss of weight, and possible loss of appetite. If you participate in water exercise, death from drowning would also be a risk. Your participation is voluntary and you may withdraw at any time. Please give your consent with full knowledge of the nature and type of exercise you will be doing and the discomforts and agree to assume any risks, which may be encountered. Thank you for being medically prudent.

SIGNATURE OF PARTICIPANT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF PARENT OR GUARDIAN (if under the age of 18) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return the completed form to the Wellness Center.

**Pine Village Wellness Center** Health History and Physical Activity Questionnaire

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last physical exam \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please answer the following questions:

1. Have you ever been advised by a doctor to avoid exercise? Yes No

2. Do you smoke? Yes No

3. Has your doctor indicated that you should lose weight? Yes No

4. Have you ever had heart or lung problems? Yes No

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Do you have high blood pressure? Yes No

6. Do you have now, or have you had in the past, asthma, breathing problems, and/or

shortness of breath? Yes No

7. Do you have orthopedic problems, low back pain, and/or arthritis? Yes No

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Are you on a special diet? Yes No

9. Has your doctor ever told you that you have a bone or joint problem such as arthritis that has been aggravated by exercise, or might be made worse with exercise? Yes No

10. Is there a good physical reason not mentioned here why you should not follow an activity program even if you wanted to? Yes No

11. Do you have a history of any of the following in your immediate family? (circle)

STROKE DIABETES CANCER HEART DISEASE ASTHMA ANEMIA HIGH BLOOD PRESSURE

12. Are you currently taking any prescribed and/or over the counter medications? Yes No

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13. Are you pregnant? Yes No

It is recommended that men over the age of 40, and women over the age of 55 who have answered YES to one or more of the above questions should see a physician to get approval to participate in vigorous aerobic activity.

Participants who choose not to seek a physician’s approval before beginning a fitness program must assume the risks of participating in an exercise program. It is important to keep your instructor informed about any changes in health status that occur during your fitness program.

SIGNATURE OF PARTICIPANT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF PARENT OR GUARDIAN (if under the age of 18) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return the completed form to the Wellness Center. **Pine Village Wellness Center** PAR-Q & YOU

Regular physical activity is fun and healthy, and increasingly more people are becoming active every day. Being more active is safe for most people. However, some people should check with their doctor before they start increasing physically activity. 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

□ □ 1. Has your doctor ever said that you have a heart condition and that you should only

do physical activity recommended by a doctor?

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

□ □ 3. In the past month, have you had chest pain when you were not doing physical

activity?

□ □ 4. Do you lose your balance because of dizziness or do you ever lose consciousness?

□ □ 5. Do you have a bone or joint problem that could be made worse by a change in your

physical activity?

□ □ 6. Is your doctor currently prescribing drugs (for example, water pills) for you blood

pressure or heart condition?

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

□ □ 8. Are you or do you think you may be pregnant?

**If you answered:**  **YES** to one or more questions, talk to your doctor by phone or in person BEFORE you start increasing physical activity or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q (this form) 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, you can be reasonably sure that you can: • Start becoming 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.

**DELAY** increasing activity, if: • You are not feeling well because of a temporary illness such as a cold or fever. • You are, or may become, pregnant—talk to your doctor before you start increasing activity.

**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.**

NOTE: IF the PAR-Q (this form) is being given to a person before he or she participates in a physical activity program or 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.

SIGNATURE OF PARTICIPANT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF PARENT OR GUARDIAN (if under the age of 18) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Pine Village Wellness Center** Interests

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Exercise Classes**

\_\_\_\_\_ Strength Training

\_\_\_\_\_ Arthritis Foundation Water Exercise

\_\_\_\_\_ Water Aerobics

\_\_\_\_\_ Arthritis Foundation Land Exercise

\_\_\_\_\_ Balance Training

**Use of Exercise Equipment**

\_\_\_\_\_ Treadmill

\_\_\_\_\_ NuStep

\_\_\_\_\_ Recumbent Bike

\_\_\_\_\_ Elliptical Trainer

\_\_\_\_\_ Multi-Station Weight Machines

**Use of Free Weights** (2-25#)

\_\_\_\_\_ Yes

\_\_\_\_\_ No

**Use of Pool** (water temperature 85-90 F)

\_\_\_\_\_ Yes

\_\_\_\_\_ No

**Use of Spa** (water temperature 100 F, 10-minute intervals, 20-minute MAXIMUM)

\_\_\_\_\_ Yes – 10 minutes

\_\_\_\_\_ Yes – 20 minutes

\_\_\_\_\_ No