

2012
8th Annual
SRC Fitness Challenge

Registration ends 1/20/12



(Fill out and return completed packet to the front office.)

OFFICIAL CONTRACT

8th ANNUAL FITNESS CHALLENGE

2012

I, _____ agree to participate in the Eighth Annual SRC 12 Week Fitness Challenge. I promise to stay committed to exercising at least 3x a week and promise to make healthy food choices as part of this lifestyle change.

In addition, I plan to reach my personal goal/goals of:

I understand that I will be provided with a weight and cardio program to utilize on my own when I exercise. I will also be provided with a total of 3 optional fitness assessments that include an initial testing and a 6 week and 12 week re-test. Monthly information concerning health and wellness will be provided for me in the schedule holders located in the main entrance. I understand that if I utilize the SRC at least 3x a week during my challenge, I will be eligible to win a three month individual membership. I also understand that in order to reach my fitness goals I must stay committed to a proper diet and exercise routine and that I am solely responsible for my success.

Signature _____

Date _____

Please answer each question. Your answers are kept confidential.

Name _____ Date of Birth _____

Email Address _____ Phone _____

In Case of Emergency Please Notify:

Name _____ Relationship _____

Address _____ Phone No. _____

General Questions to help us out:

Are you on any specific food/nutritional plan at this time? **Yes** _____ **No** _____

If yes, please list: _____

Do you have any physical injuries or limitations? **Yes** _____ **No** _____

If yes, please list: _____

Are you currently involved in a regular exercise program? **Yes** _____ **No** _____

If yes, please list: _____

What activities would you prefer in a regular exercise program for yourself?

Treadmill _____ Rowing _____ Elliptical _____ Group Exercise _____

Spinning _____ Recumbant Bike _____ Upright Bike _____ Stairmaster _____

Do you want an initial fitness assessment? **Yes** _____ **No** _____

If yes, when you are available? _____ morning _____ afternoon _____ weekends

We will call you for an appointment. What is the number you want to be reached

at? _____. What time is best? _____

If no, please provide your 12- week start date _____

Physical Activity Readiness Questionnaire

PAR-Q

For most people physical activity should not pose any problem or hazard. The PAR-Q is designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them.

Common sense is your best guide in answering these few questions. Please read them carefully and check the yes or no opposite the question if it applies to you.

YES NO

1. Has your doctor ever said you have heart trouble?
2. Do you frequently have pains in your heart and chest?
3. Do you often feel faint or have spells of severe dizziness?
4. Has a doctor ever said your blood pressure was too high?
5. 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?
6. Is there a good physical reason not mentioned here why you should not follow an activity program even if you wanted to?
7. Are you over age 65 and not accustomed to vigorous exercise?

If you answered YES to one or more questions...

if you have not recently done so, consult with your personal physician by telephone or in person before increasing your physical activity and/or taking a fitness test.

If you answered NO to all questions...

If you answered PAR-Q accurately, you have reasonable assurance of your present suitability for an exercise.

TRAINING AND TESTING RELEASE FORM

I, _____, give my consent to participate in the physical fitness evaluation program conducted by STAFF MEMBERS of THE SKAGWAY, HEALTH, FITNESS, AND RECREATION CENTER.

Benefits

Participation in a regular program of physical activity is shown to produce positive changes in a number of organ systems. These changes include increased work capacity, improved cardiovascular efficiency and increased muscular strength, flexibility, power and endurance.

Risks

I recognize that exercise carries some risk to the musculoskeletal system (sprains, strains) and the cardio respiratory system (dizziness, discomfort in breathing, heart attack). I hereby certify that I know of no medical problem (except those noted on the following questionnaire) that would increase my risk of illness and injury as a result of participation in a regular exercise program.

Testing And Evaluation Results

I understand that I will undergo initial testing to determine my current physical fitness status. The testing will consist of: weight, body-fat, and girth measurements. I will also be provided with my target heart rate zone.

I further understand that such screening is intended to provide myself and STAFF with essential information for goal setting and program design. I understand that my individual results will be made available only to me. I also understand that the testing is not intended to replace any other medical test or the services of my physician. By signing this consent form, I understand that I am personally responsible for my actions during my time with STAFF, and that I waive the responsibility of STAFF and The Skagway Health, Fitness, and Family Recreation Center if I should incur any injury as a result of my negligence.

Signed: _____ Date: _____