

Group Exercise Intake Packet

Welcome to Pike Fitness Group Exercise!

Contact Info

Name: _____ Birthday: _____ Age: _____

E-mail: _____ Phone: _____

Emergency Contact: _____

Medical Considerations

Allergies, medications, medical conditions, current supplements, EpiPen?

Current Aches/Pains: _____

Prior injuries and surgeries: _____

Goals

Would you like to sign up for our mailing list? Yes / No

Interests: New Classes | Training Tips | Seminars and Events | Personal Training

Fitness Education | Contests & Giveaways | Workout Plans | Local Fitness Events

Exercise Readiness Questionnaire

Has a physician ever diagnosed you with a cardiac, peripheral vascular, or cerebrovascular disease?	Y	N
Has a physician ever diagnosed you with chronic obstructive pulmonary disease, asthma, interstitial lung disease, or cystic fibrosis?	Y	N
Has a physician ever diagnosed you with diabetes mellitus (type 1 and 2), thyroid disorders, renal or liver disease?	Y	N
Do you feel pain in your chest when performing physical activity?	Y	N
Have you experienced chest pain while not exercising within the past month?	Y	N
Do you lose your balance because of dizziness, or do you ever lose consciousness?	Y	N
Do you have a bone or joint problem that could be worsened by a change in your level of physical activity?	Y	N
Is your doctor currently prescribing pills for your blood pressure or a heart condition?	Y	N
Are you pregnant?	Y	N
Do you experience swelling of the ankles?	Y	N
Do you experience lameness or pain the calf muscles?	Y	N
Do you experience discomfort when not in upright position, or interrupted breathing at night?	Y	N
Do you ever experience shortness of breath?	Y	N
Do you have a heart murmur?	Y	N
Do you experience unexplained fatigue?	Y	N
Do you experience pain or discomfort in the jaw, neck, chest, arms or elsewhere that could be caused by lack of circulation?	Y	N

IF YOU HAVE ANSWERED YES TO ANY QUESTION ABOVE, IT IS NECESSARY THAT YOU BE CLEARED BY A LICENSED PHYSICIAN PRIOR TO INCREASING PHYSICAL ACTIVITY. TALK TO YOUR DOCTOR ABOUT WHAT QUESTIONS YOU ANSWERED YES TO, AND SEEK RECOMMENDATIONS ABOUT THE LEVEL, PROGRESSION OF ACTIVITY, AND RESTRICTIONS ASSOCIATED WITH YOUR SPECIFIC NEEDS.

- If you honestly answered **no** to all questions, proceed to the following pages.
- If your health changes, and in the future you can answer **yes** to any of the above questions, contact your physician to seek guidance.

**BY SIGNING BELOW, I AGREE THAT I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT.
ANY QUESTIONS I MAY HAVE HAD WERE ANSWERED TO MY SATISFACTION.**

Signature: _____ Date: _____

Coronary Artery Disease Risk Factors

Positive Risk Factors		
Are you a male over 45 years old or a female over 55 years old?	Y	N
Has a 1 st degree relative ever died from sudden death, had a heart attack, or had coronary revascularization? male under 55 yrs or female under 65 yrs	Y	N
Do you smoke cigarettes or have you quit smoking within the last 6 months? Are you around 2 nd hand smoke?	Y	N
Do you have high cholesterol? LDL \geq 130 mg/dl or HDL of $<$ 40 mg/dl or on lipid lowering medication. If total serum cholesterol is all that is available, use \geq 200 mg/dl	Y	N
Are you diabetic or prediabetic? Prediabetic = elevated blood glucose levels \geq 100mg/dl, or 2-hour values in an oral glucose tolerance test \geq 140 mg/dl on at least two separate occasions.	Y	N
Are you obese? BMI \geq 30 kg/m ² or waist circumference of $>$ 40" for men and $>$ 35" for women	Y	N
Are you sedentary? At least 30 minutes of moderate activity (40-60% V02 Reserve) on at least three days per week for at least three months	Y	N
Are you hypertensive? Systolic \geq 140 mmHg or diastolic \geq 90 mmHg confirmed by two separate occasions or currently on antihypertensive medication	Y	N
Negative Risk Factors		
Do you have high serum high-density lipoprotein cholesterol? \geq 60 mg/dl	Y	N

IF YOU HAVE TWO OR MORE RISK FACTORS AFTER DEDUCTING A NEGATIVE RISK FACTOR, IF ANY, YOU ARE AT MODERATE RISK FOR CAD AND IT IS NECESSARY THAT YOU BE CLEARED FOR VIGOROUS EXERCISE PRIOR TO PARTICIPATION. HOWEVER, IT IS NOT NECESSARY FOR YOU TO BE CLEARED FOR MODERATE EXERCISE.

- If you honestly answered all of the questions above, and do not have two or more positive risk factor for CAD, you are at low risk for CAD and may continue without a physician's approval.
- If your health changes, and in the future you can answer **yes** to two or more of the above questions under "positive risk factors", contact your physician to seek guidance.

**BY SIGNING BELOW, I AGREE THAT I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT.
ANY QUESTIONS I MAY HAVE HAD WERE ANSWERED TO MY SATISFACTION.**

Signature: _____ Date: _____

Informed Consent

"I, (PLEASE PRINT NAME), have willfully enrolled in a group exercise class offered by Pike Fitness. I recognize and fully understand that the program will involve strenuous physical activity including, but not limited to; maximal physical exertion, muscular strength training, endurance training, flexibility training, high impact plyometric training, speed and agility drills, and other various fitness activities. I agree to assume all risks associated with my participation. These include but are not limited to; shortness of breath, asthma attack, heart attack, stroke, strain or tear of muscle tissue, injuries to connective tissue, bone fractures, shin splints, back injury, head injury, heat prostration, dehydration, or any other illness or soreness including death. The class is subject to environmental hazards caused by changes in terrain, facilities, weather, temperature, and interaction with other participants, volunteers, spectators, coaches, officials, animal life, or any act of God. I hereby affirm that I am in good physical condition, and do not suffer from any known disability or condition which would prevent or limit my participation in these activities, or if such condition exists I have obtained full clearance from a licensed physician. I acknowledge that my enrollment and participation is entirely voluntary, and in no way mandated by Pike Fitness, or its owners, agents, managers, instructors, volunteers, employees, or affiliates, including the facility where services are rendered, and that at any time I may willfully terminate my participation."

**BY SIGNING BELOW, I AGREE THAT I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT.
ANY QUESTIONS I MAY HAVE HAD WERE ANSWERED TO MY SATISFACTION.**

Signature: _____ Date: _____

Waiver

"I, (PLEASE PRINT NAME) fully understand the risks associated with my enrollment and subsequent participation in this program and hereby take action for myself, my executors, administrators, heirs, next of kin, and successors, and agree to waive, release and discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me including my traveling to and from the program. I agree to defend, indemnify and hold harmless Pike Fitness, and its owners, agents, managers, instructors, volunteers, employees, and affiliates including the facility where services are rendered, of any claims of liability, and any costs incurred in connection with such claims, whether related to exercise or not."

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ANY QUESTIONS I MAY HAVE HAD WERE ANSWERED TO MY SATISFACTION.**

Signature: _____ Date: _____